

Case Number:	CM13-0069218		
Date Assigned:	01/03/2014	Date of Injury:	02/07/2000
Decision Date:	06/11/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 55-year-old female who reported an injury on 02/07/2000. The mechanism of injury was a slip and fall. The patient's medication history included Flexeril, opiates, Colace, and NSAIDs as of 2012. There was the addition of Cymbalta in 06/2013. The documentation of 07/18/2013 revealed the patient continued Cymbalta, ibuprofen, Colace, and Flector patches. The patient's diagnosis is lumbar/lumbosacral disc degeneration.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

CYMBALTA: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: California MTUS Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain. The patient was taking the medication since 2012. There was no DWC Form RFA or PR-2 for the requested medication. There was a lack of documentation of objective functional benefit received from the medication as well as a rationale for the medication. The request as submitted failed to indicate quantity and strength of

medication being requested. Given the above, the request for 1 prescription refill for Cymbalta is not medically necessary.

COLACE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiation of Opioid Therapy, Page(s): 77.

Decision rationale: Per California MTUS when initiating opioid therapy, prophylactic treatment of constipation should be initiated. The clinical documentation submitted for review failed to indicate the patient had signs and symptoms of constipation. The medication was taken since 2012 and there was a lack of documentation of the efficacy of the requested medication. There was no DWC Form RFA or PR-2 for the requested medication. The request as submitted failed to indicate the strength as well as the quantity of medication being requested. Given the above, the request for 1 prescription of Colace is not medically necessary.

IBUPROFEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: California MTUS Guidelines recommend NSAIDs for a short-term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in the VAS score. The clinical documentation indicated the patient had been on the medication since 2012. There was lack of documentation of objective functional improvement and an objective decrease in the VAS score. There was no DWC Form RFA or PR-2 for the requested medication. The request as submitted failed to indicate the quantity of medication being requested as well as the strength of the medication. Given the above, the request for 1 prescription refill for ibuprofen is not medically necessary.

NORCO 10/325MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the

VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the patient had been on the medication since 2012. There was a lack of documentation of the above recommended criteria. There was no DWC Form RFA or PR-2 for the requested medication. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for 1 prescription refill for Norco 10/325 is not medically necessary.

FLEXERIL 7.5MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page(s): 63.

Decision rationale: California MTUS Guidelines recommend muscle relaxants as a second line option for short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review provided evidence the patient had been on the medication since 2012. There was lack of documentation of objective functional improvement. There was no DWC Form RFA or PR-2 for the requested medication. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for Flexeril 7.5 mg is not medically necessary.

PROTONIX 20MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Page(s): 69.

Decision rationale: California MTUS recommends PPI's for the treatment of dyspepsia secondary to NSAID therapy. The injured worker was utilizing this classification of medications since early 2013. There was a lack of documentation of the efficacy of the requested medication. The request as submitted failed to include the quantity for the requested medication. Given the above, the request for Protonix 20 mg is not medically necessary.