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| Case Number: | CM14-0102148 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 11/16/2011 |
| Decision Date: | 09/22/2014 | UR Denial Date: | 06/23/2014 |
| Priority: | Standard | Application Received: | 07/02/2014 |

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 51-year-old female with a reported date of injury on 11/16/2011. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include laminectomy discopathy, degenerative disc disease with radiculopathy. Her previous treatments were noted to include medications. The progress note dated 06/04/2014 revealed complaints of back pain, low back pain, and lumbar complaints. The severity was rated 5/10 and the back pain was described as aching, burning, stabbing, throbbing, spasming, deep and shoots down the right leg. The injured worker complained of back stiffness and numbness in the right and left leg, and radicular pain in the right and left leg and weakness in the right and left leg. The physical examination revealed positive pelvic thrust with right pain to the valsalva. There was a positive Faber maneuver to the right, positive Gaenslen 's maneuver to the right, and pain to palpation over the L3-4, L4-5, and L5-S1 facet capsules on the right, and pain with rotation on extension indicative of facet capsular tears to the right secondary to myofascial pain with triggering and ropey fibrotic banding, and positive stork test sign. The physical examination of the neck revealed pain to palpation over the C2-3, C3-4, and C5-6 capsules to the left secondary myofascial pain with triggering and ropey fibrotic banding pain with rotational extension indicative of facet capsular tears bilaterally. There was a positive Spurling's maneuver, left positive maximal foraminal compression testing, and no pain with valsalva. The injured worker's medication regimen was noted to include Cymbalta 60 mg 1 by mouth twice a day, and Norco 10/325 mg 1 every 4 hours. The Request for Authorization Form dated 06/10/2014 was for Norco 10/325 mg 1 every 4 hours #180 for nociceptive pain and Cymbalta 60 mg 1 daily #30 for neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg, #30 with three refills.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Cymbalta 60 mg #30 with 3 refills is not medically necessary. The injured worker has been utilizing this medication since at least 01/2014. The California Chronic Pain Medical Treatment Guidelines recommend antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia usually occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. There is a lack of documentation regarding treatment efficacy including pain outcomes, evaluation of function, changes in analgesic medication, sleep quality and duration, and psychological assessment. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Norco 10/325mg, #180.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The request for Norco 10/325 mg #180 is non-certified. The injured worker has been utilizing this medication since at least 01/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. There is lack of documentation with evidence of decreased pain on numerical scale with the use of medication. There is lack of documentation regarding improved functional status with activities of daily living with the use of medications. There is lack of documentation regarding side effects and as to whether the injured worker has had consistent urine drug screens and when the last was performed. Therefore, due to the lack of evidence of significant pain relief, increased function, side effects, and without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behaviors, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the

frequency at which this medication is to be utilized. As such, the request is not medically necessary.