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| Case Number: | CM14-0103543 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 06/22/2011 |
| Decision Date: | 09/10/2014 | UR Denial Date: | 06/06/2014 |
| Priority: | Standard | Application Received: | 07/03/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine 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 injured worker is a 50-year-old female who reported an injury on 06/22/2011. The mechanism of injury was not provided. The surgical history and diagnostic studies were not provided. The injured worker's medication history included Cymbalta 60 mg capsules 1 twice a day, Topamax 100 mg half to 1 tablet at bedtime, Relafen 500 mg 1 twice a day, cyclobenzaprine 7.5 mg 1 tablet every 8 hours as needed for muscle spasms, buprenorphine 0.1 mg sublingual troches #30 1 half tablet twice a day, Benadryl 25 mg liquigels and melatonin 1 mg over the counter as of 01/2014. The documentation of 05/07/2014 revealed the injured worker had neck and shoulder pain. The injured worker indicated a flair up of the neck and shoulder pain was approximately 10 days prior to the visit. The injured worker indicated that she was utilizing her Transcutaneous Electrical Nerve Stimulation (TENS) unit. The injured worker was utilizing buprenorphine occasionally on her off time when her neck pain was more severe. The injured worker indicated she needed a refill of medications. The current medications were noted to be Cymbalta 60 mg 1 tablet once a day, Topamax 100 mg tablets half to 1 per day, Relafen 500 mg 1 twice a day, Cyclobenzaprine 7.5 mg 1 every 8 hours as needed for muscle spasms, buprenorphine 0.1 mg sublingual troches #30 one half tablet twice a day, Benadryl and melatonin. The treatment plan included a request for 6 sessions of massage therapy. The prescriptions included Cymbalta, cyclobenzaprine and buprenorphine. The diagnoses included long term use of medications, cervical spondylosis without myelopathy, chronic pain NEC and pain psychogenic NEC. There was no Department of Workers' Compensation (DWC) form RFA submitted for the requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sub-lingual Buprenorphine 0.1 mg, QTY: 30: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 01/2014. There was a lack of documentation of objective functional benefit, an objective decrease in pain and documentation the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for sublingual buprenorphine 0.1 mg quantity 30 is not medically necessary.

Cyclobenzaprine 7.5 mg, QTY: 30: 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 Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short-term treatment of low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 01/2014. There was a lack of documentation of objective functional improvement and a lack of documentation indicating exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for cyclobenzaprine 7.5 mg quantity 30 is not medically necessary and appropriate.

Cymbalta 60 mg, QTY: 30, with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Duloxetine (Cymbalta).

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

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain. They are recommended especially if the pain is accompanied by insomnia, anxiety or depression. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 01/2014. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. The request as submitted failed to indicate the frequency for the medication. Given the above, the request for Cymbalta 60 mg quantity 30 with 3 refills is not medically necessary.