

Case Number:	CM14-0106296		
Date Assigned:	07/30/2014	Date of Injury:	10/14/1998
Decision Date:	09/03/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/09/2014

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 Medication and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 43-year-old female with an injury date of 10/14/1998. According to the 05/29/2014 progress report, the patient presents with pain in her bilateral neck and shoulder, midline spine from C-spine through the lumbar, left gluteal, and lateral upper thigh. She also has occasionally shooting pains down her left arm as well as a stabbing and sharp aching pain in her left hip. She complains of numbness in both her arms and hands while she is lying down as well as a decreased range of motion in both shoulders. Her pain interferes with her sleep, work, driving, relationships; she has not been able to work since the motor vehicle accident in 1998. The 04/08/2013 MRI of the cervical spine reveals a large central disk protrusion at C4-C5 with extruded fragment, the protrusion flattens the spinal cord resulting in severe stenosis. On 07/09/2013, the patient had a left SIJ injection, which made the pain worse. The patient has also had massage therapy and arthroscopic surgery which both provided partial relief. The diagnoses include the following: 1.Cervical spondylosis without myelopathy. 2.Lumbosacral spondylosis without myelopathy. 3.Chronic pain due to trauma. 4.Persistent disorder of initiating or maintaining sleep. The request is for the following: 1.Norco 10/325 mg #150. 2.Lyrica 7.5 mg #60. 3.Cymbalta 30 mg #60. The utilization review determination being challenged is dated 06/09/2014. Treatment reports are provided from 01/07/2014 - 05/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 60,61, 78, 88, 89.

Decision rationale: The patient has been taking Norco as early 01/07/2014. The 01/07/2014 report states that "Norco helps relieve the pain. She filled her last Norco on 11/14/2013 and still has #48 left; she states she was cutting back on her dose because she did not know when she would have visit her next prescribing physician." The 01/07/2014 report also states that the patient's Norco has decreased from a max of 10 per day to a max of 5 per day. The 02/18/2014 report states that the patient has decreased her medication usage which has worsened her functionality and made her pain worse. MTUS pages 88 and 89 require functioning documentation using a numerical scale, validated instrument at least once every 6 months as well as documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior). Documentation of pain, time it takes for medication to work, duration of pain relief is also required. The treater does not provide a treatment plan regarding opiate use. There is no discussion regarding taper or increasing the dose. At current level, there are no significant pain or functional improvement. Given the lack of sufficient documentation demonstrating efficacy of Norco, the patient should be weaned off as outlined in MTUS Guidelines. Recommendation is for denial.

Lyrica 75mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin.

Decision rationale: According to the 05/29/2014 report, the patient presents with pain in her bilateral neck and shoulder, midline spine from C-spine through lumbar, left gluteal, and lateral upper thigh. She occasionally has pain shooting down her left arm as well. The request is for Lyrica 7.5 mg #60. The patient has been taking Lyrica as early as 01/07/2014. The 01/07/2014 report states "present recommendations include diagnostic lumbar and cervical facet nerve blocks as indicated below, a trial of Lyrica." MTUS Guidelines have the following regarding Lyrica, "pregabalin has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, as FDA approval for both indications, and is considered first-line treatment for both. In June 2007, the FDA announced the approval of pregabalin as the first approved treatment of fibromyalgia." The 01/07/2014 report states that Lyrica is going to be used for a trial. Recommendation is for authorization.

Cymbalta 30 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective Serotonin and Norepinephrine Reuptake Inhibitors (SNRI's).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta; Selective Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs) Page(s): 16,17, 43,44.

Decision rationale: According to the 05/29/2014 progress report, the patient presents with pain in her bilateral neck and shoulders, midline spine from C-spine through lumbar, left gluteal and lateral upper thigh. She also has occasional shooting pains down her left arm. The request is for Cymbalta 30 mg #60. The patient has been taking Cymbalta as early as 01/07/2014. A trial of Cymbalta will be considered in the future depending on her response to Lyrica. For Cymbalta, MTUS Guidelines page 16 and 17 states, "duloxetine is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy." In this case, the patient is being prescribed Cymbalta for her anxiety and depression. Recommendation is for authorization.