MAXIMUS Federal Services

Case Number:	CM14-0106862		
Date Assigned:	09/29/2014	Date of Injury:	09/21/1999
Decision Date:	11/17/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/10/2014

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 & Rehabilitation and Pain Management, 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 56-year-old female with an injury date of 09/21/99. Based on the 02/27/14 progress report provided by [redacted] the patient complains of chronic low back and right leg pain, history of bilateral shoulder pain, neck pain to shoulders/hand and chronic knee pain rated 7/10. Physical examination revealed spasm and weakness with decreased deep tendon reflexes and referred pain to right hip. Positive straight leg raise test on the right. Progress report 04/24/14 states that patient is able to do some yard work following lumbar epidural injection on 02/28/14. Per progress report 02/27/14, patient medications include Norco, OxyContin, Primlev, Subsys, Cymbalta, Gralise. Voltaren, Lidoderm patches and Lunesta. Progress report dated 06/19/14 states that Oxycontin and Norco are helping control her pain. Urinary drug screen dated 03/06/13 showed that findings were consistent. Patient continues to use a cane for ambulation and is on disability.Diagnosis 02/27/14:- severe low back pain with radiculopathy right greater than left.- Degenerative disc disease, lumbar spondylosis.- Neck pain with referred to pain, cervical spondylosis.- Myofascial pain/spasm.- Knee pain, status post bilateral total knee arthroscopy.- Depression/anxiety due to chronic pain.- Poor sleep hygiene due to pain.Patient underwent lumbar Epidurogram under fluoroscopy per operative report dated 02/28/14Diagnosis 02/28/14:- lumbosacral spondylosis without myelopathy- degenerative lumbar/lumbosacral intervertebral disc- lumbagoThe utilization review determination being challenged is dated 06/30/14. The rationale follows:1) Norco 10/325mg Q 4-6hr PRN B/T pain 5/D #150, SAO:" minimal effects controlling pain level.."2) Cymbalta 60mg BID #60: "there is no medical documentation provided discussing patient's history or signs and symptoms of depression..."3) Gralise 600mg QHS #30 from 300mg 2 QHS:" there is minimal documentation provided discussing neuropathic pain and its response to Gralise..."4) Oxycontin 40 mg 1 po Q8 hrs PRN

baseline pain #90 LAO: " minimal effects controlling pain level..'[redacted] is the requesting provider and he provided treatment reports from 01/15/14 - 06/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150, SAO: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88, 89, 78.

Decision rationale: MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, while the treater provides UDS report and a general statement that Norco helps control her pain; the four A's are not specifically addressed including discussions regarding adverse side effects and specific ADL's, etc. Given the lack of documentation as required by MTUS, Norco 10/325mg #150, SAO is not medically necessary and appropriate.

Cymbalta 60mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI DEPRESSION Page(s): 15-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) , medication for chronic pain Page(s): 16, 17, 60.

Decision rationale: For Cymbalta, the MTUS guidelines pg16, 17 states, "Duloxetine (Cymbalta) 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."MTUS page 60 states, "A record of pain and function with the medication should be recorded."Patient has a diagnosis of depression, anxiety and radiculopathy per progress report dated 02/27/14. Cymbalta would be indicated by guidelines, however in review of medical records, treater has not documented efficacy of this medication as required by MTUS. Therefore, the request for Cymbalta 60mg #60 is not medically necessary and appropriate.

Gralise 600mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Gabapentin medication for chronic pain Page(s): 18, 19, 60.

Decision rationale: MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Gralise is included in list of patient's prescribed medications per progress report dated 02/27/14. Treater does not discuss medication efficacy. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Furthermore, there is no documentation of neuropathic pain presented in patient. Request does not meet MTUS indications. Therefore, the Gralise 600mg #30 is not medically necessary and appropriate.

Oxycontin 40mg #90 LAO: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 78.

Decision rationale: MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, while the treater provides UDS report and a general statement that Oxycontin helps control her pain; the four A's are not specifically addressed including discussions regarding adverse side effects and specific ADL's, etc. Given the lack of documentation as required by MTUS, Oxycontin 40mg #90 LAO is not medically necessary and appropriate.