

Case Number:	CM14-0014681		
Date Assigned:	02/28/2014	Date of Injury:	08/22/2000
Decision Date:	06/27/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/05/2014

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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 58 year-old male injured on August 22, 2000. An agreed medical evaluation was completed in August, 2010. It is noted there are ongoing complaints of low back pain with bilateral lower extremity involvement. No specific mechanism of injury is presented. Treatment has included epidural steroid injections and multiple medications. It is noted the injured employee had not returned to work in any capacity. Over the next several years multiple pain management interventions are suggested and pursued. The August, 2013 progress note indicates ongoing complaints of frequent headaches, neck pain and low back pain. The diagnosis list includes failed back surgery syndrome and chronic pain syndrome. The injured worker is noted to be 5'7", 160 pounds. Lumbar examination noted no tenderness to palpation. Straight leg raise and Kemp's test are noted to be negative. A taper off all medications was to be initiated at that time. The January, 2014 progress note indicated ongoing complaints of pain, headache, the symptomology's and gastrointestinal distress. Additional epidural steroid injection was sought. The narcotic medications were not certified in the preauthorization process.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF NORCO 10/325 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids ; Opioids for chronic pain Page(s): 80 ;.

Decision rationale: The use of narcotic medications, particularly short acting opioids, is limited to an as needed basis and if there is a noted efficacy or utility with the preparation as outlined in the Chronic Pain Medical Treatment Guidelines. The progress notes reviewed indicate ongoing complaints of pain (8/10) now noted increase in the functionality, decrease in the pain complaints or ability to return to work. Relative to the chronic back pain is some efficacy with the short term use of these pain medications but given the date of injury, the date of surgery, and the numerous subsequent progress note,s there is no evidence presented to suggest any need for ongoing use as there has not been any improvement. As such, this request is not medically necessary.

ONE PRESCRIPTION OF SKELAXIN 800 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants(for Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines C.C.R. §§9792.20 - 9792.26 MTUS (Effective July 18, 2009) Muscle Relaxants Page(s): 29 of 127.

Decision rationale: When noting the date of injury, the injury sustained, and the current findings on physical examination reported, the use of such muscle relaxant type medications is indicated for short-term and there is no indication for chronic, indefinite or long-term use as outline by the Chronic Pain Medical Treatment Guidelines. The physical examination findings do not support the need for such a muscle relaxant type medication. As such, there is insufficient data to support any clinical indication. Therefore, the request is not medically necessary.

ONE PRESCRIPTION OF CYMBALTA 30 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta(duloxetine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , California Code of Regulations, Title 8. Effective July 18, 2009 Cymbalta Page(s): 42/127.

Decision rationale: As outlined by the Food and Drug Administration (FDA), this medication is indicated for anxiety, depression, diabetic neuropathy and fibromyalgia. There is off label use for neuropathic pain and this appears to be the case. However, there is no noted efficacy identified in the progress notes presented for review as required by the Chronic Pain Medical Treatment Guidelines. Without any improvement, repeating the same medication protocols does not appear to be clinically indicated. Therefore, the request is not medically necessary.