

Case Number:	CM14-0015219		
Date Assigned:	02/21/2014	Date of Injury:	10/25/2000
Decision Date:	07/02/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/06/2014

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 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 57 year old male who was injured on 10/25/2000. Mechanism of injury is unknown. Prior treatment history has included the patient undergoing anterior cervical discectomy and fusion, C3-4, utilizing PEEK cage, autograft bone, allograft bone, with iliac crest stem cell concentrate and anterior cervical plating C3-4 on 08/13/2013. Diagnostic studies reviewed include urine toxicology screen dated 10/07/2013 with a detection of oxycodone and oxymorphone. This test result is expected with prescribed medications. Clinical documentation failed to provide the patient had either of the conditions. PR-2 dated 12/02/2013 documented the patient with complaints of post surgical neck pain rated 7-8/10. He also complains of aching pain on the surgical site. His current medications include Percocet and Cymbalta. He is kept immobilized a little bit longer in order to get a good fusion. Objective findings on exam reveal no tenderness to palpation over the cervical spine. PR-2 dated 11/06/2013 documented the patient with complaints of frequent neck pain, rated 7/10. He also complains of low back pain rated 7-8/10. He states that his neck and low back pain feels the same since last visit. The patient reports constipation. The quality of his life is limited secondary to pain. He is currently taking Percocet which provided him with 40-50% symptomatic relief. He reports side effects of constipation with the medication. Objective findings on examination reveal the patient continues to manifest tenderness, spasms and weakness of his deltoid on the left side.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYMBALTA 60 MG #60 - 1 CAPSULE ORALLY 2X DAILY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, & Duloxetine (Cymbalta Page(s): 43-44.

Decision rationale: As per CA MTUS guidelines, Cymbalta is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. The records submitted for review indicates that the patient has chronic neuropathic pain; however, there is no documentation of functional improvement with the use of this medication. Due to the lack of evidence of efficacy, the request for continued use of Cymbalta is not medically necessary and appropriate.

LIORESAL 20 MG #90 - 1 TABLET ORALLY 3X DAILY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: As per CA MTUS guidelines, Lioresal is a muscle relaxant and it is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. The records indicate that the patient has been prescribed this medication chronically but continues to have tenderness and spasms. Guidelines do not recommend prolonged use of muscle relaxants because of risk of dependence. Thus, continued use of this medication is not medically necessary and appropriate and weaning process needs to be initiated.

PERCOCET 10/325 #150 -1 TABLET ORALLY EVERY 4 HOURS AS NEEDED FOR PAIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 75,78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-94.

Decision rationale: As per CA MTUS guidelines, Percocet is a short-acting opioid indicated for breakthrough pain. The guidelines further indicate that "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, records review indicates that this patient has chronic neuropathic pain and has been

prescribed Percocet for long periods of time. There is documentation that the patient reports 40-50% pain relief; however, this patient has consistently reported the pain level as 7-8/10 with no evidence of pain relief on a visual analog scale or objective functional improvement with the use of this medication. Thus, the request for continued use of Percocet is not medically necessary and slow tapering/weaning process needs to be initiated due to the risk of withdrawal symptoms.