

Case Number:	CM14-0015957		
Date Assigned:	06/04/2014	Date of Injury:	06/08/2003
Decision Date:	08/05/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/07/2014

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 48 year old female with a work injury dated 6/8/03. Her diagnoses continued ACL insufficiency right knee, status post multiple failed procedures, low back pain/myofascial and gluteal-chronic, stable, chronic post phlebotic syndrome, history of recurrent DVT, anxiety/depression associated with chronic pain, history of long term opioid use; new symptoms suggestive of cervical radiculopathy. Under consideration is a request for Cymbalta, Voltaren, and Norco. There is a 4/28/14 primary treating physician progress report which states that the patient has chronic musculoskeletal pains (low back and right knee). She returns for follow up for the right knee ACL insufficiency, failed ACL reconstruction procedures, low back pain and mood/adjustment disorders associated with her chronic pain and instability of back and knee respectively. She is exceedingly upset today stating that she is no longer getting Duloxetine--she was just cut off of this without reason. She says that she has been using e-cigarettes, since the day she quit smoking regular cigarettes. Her back pain level is a 5/10 today and recently over the last week and a half. She is angry. Her left arm is starting to hurt again. Her knee is still catching and locking. At rest, pain level is 2/10. With walking or climbing stairs pain level is 6/10. Her left arm has pain to the deltoid and radial forearm. It was significantly improved on Cymbalta to lesser intensity and frequency. She has continued to take Hydrocodone three times a day, not round the clock. UR (Utilization review) has cut the amount of medication to a 19 day supply. On examination the lumbar range of motion is normal in flexion and extension. The bilateral upper and lower extremities show normal range of motion but both thumbs today lock in flexion with palpable flexor tendon nodule. The right knee with 2+ Lachmann's. The straight leg raise is negative. The strength is 5/5 throughout all four extremities. She is thinking clearly, judgment intact, speech clear. There is normal sensory exam in both lower extremities. The reflexes are 2+ throughout at biceps, triceps, BR, knees and ankles. The gait and station are normal. The treatment plan states that the only medication she is taking for pain now is Hydrocodone and

takes up to three a day for pain. All her other medications for pain have been denied by UR. The documenting physician states that there is no reason that duloxetine (Cymbalta) should not be paid for on an industrial basis for her musculoskeletal pain, as there is a clear FDA indication for use of this drug specifically to treat musculoskeletal pain. It helped her back pain, leg pain and left arm radicular pain. Independent medical review is requested for the duloxetine (Cymbalta.) The provider states that the reviewer had an error in his decision making stating that Cymbalta was NOT indicated for use in chronic pain, when it in fact, is, by the FDA. Another primary treating physician report dated 01/02/14 states that the patient was seen for chronic pain due to right knee ACL insufficiency, failed ACL reconstruction procedures, low back pain and mood/adjustment disorders associated with her chronic pain and instability of back and knee respectively. Pain level rated a 4-8/10 on the visual analog scale (VAS) depending on activity. Pain is sharp in low back, then transforms into an achy throb. The right knee aches constantly - 100% of time. Associated with catching and locking. Patients Hydrocodone 5mg was denied/ suggesting long acting opioids. Also denied Celexa and Lorazepam. Patient takes 10 mg Hydrocodone a day to 40mg total daily dose, depending on activity. She is not working. Knee surgery possible and pending, no tobacco use for 6 months. Physical exam: Tender to palpation low back and right gluteal area. Negative (SLR) straight leg raise. Normal sensation and range of motion of the upper extremities. Motor exam is normal in the upper and lower extremities. Normal and symmetrical DTRs (Deep tendon reflexes) throughout. Knee remains unstable right with positive Lachmann's and drawer at 2+, Right knee flexion to 120 degrees, Left to 135 degrees. CURES note no other prescribers. There have been requests for early med refills in chart since last visit. There were refill requests of Cymbalta 30mg, #30 with 2 refills; Norco 10/325mg, #90 with 2 refills; Voltaren Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYMBALTA 30 MG #30 TWO REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) pages 15-16 Page(s): 15-16.

Decision rationale: Cymbalta 30mg, #30 with two refills is medically appropriate per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cymbalta can be used off label for neuropathic pain and that Cymbalta is FDA approved for anxiety and depression. The documentation submitted reveals that the patient complains of radicular symptoms which could be considered neuropathic pain. She also has anxiety and depression from her chronic pain. The request for Cymbalta 30mg, #30 with two refills is medically necessary.

NORCO 10/325 MG #90 TWO REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use pages 76-80 Page(s): 76-80.

Decision rationale: Norco 10/325mg, #90 with two refills are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines do not recommend continuing opioids without significant functional improvement as defined by the MTUS. The Chronic Pain Treatment Guidelines state that opioids should be discontinued when there is no overall improvement in function and to continue opioids if the patient has returned to work and has improved functioning and pain. The request for Norco10/325mg, #90 is not medically necessary.

VOLTAREN GEL 1%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) pages 111-112 Page(s): 111-112.

Decision rationale: Voltaren Gel 1% is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical NSAIDs can be used short term for 4-12 weeks for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The documentation indicates that the patient received samples of Voltaren Gel in September of 2013. Follow up visits do not discuss the efficacy of the Voltaren Gel. Furthermore, the request does not indicate which joints the Voltaren Gel is to be applied. Voltaren Gel 1% is not medically necessary.