

Case Number:	CM14-0111314		
Date Assigned:	08/01/2014	Date of Injury:	01/20/2005
Decision Date:	09/17/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/16/2014

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 Pain Medicine and is licensed to practice in California and Washington. 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 56-year-old female who reported an injury 01/20/2005. The mechanism of injury was not provided within the medical records. The clinical note on 06/19/2014 indicates diagnoses of psychalgia, lesion of radial nerve, degeneration of cervical intervertebral disc, carpal tunnel syndrome, lesion of ulnar nerve, degenerative of lumbar intervertebral disc and brachial plexus disorder. The injured worker was taking Lunesta and Norco and reported a headache, severity of pain was 5 out of 10, and worst pain was 7 out of 10. She reports her entire body is, in constant pain and that she has never received any treatment for her mid and lower back. She walks at least 20 minutes twice a day as well as performing her home exercise program twice a day. She experienced moderate to severe sleep disturbance and requires a sleep aid and continues to see her psychiatrist. She reports she was able to reduce the use of Norco; however she reported she would take an extra pill if the pain was really bad. She reports recurring episodes of nausea and vomiting at night over the past 3 months, approximately 1 hour after taking her medications. She also has nausea and vomiting after Cymbalta was changed from brand name to generic. Past surgical histories included a carpal tunnel release in 2013 and an ulnar transposition in 2012. Physical examination was stable without changes. Prior treatments included diagnostic imaging and medication management. The patient's medication regimen included Flector, lidocaine, Lunesta, Norco, and Thermancare bandage. The provider submitted a request for Cymbalta, Flector, and Norco. A Request for Authorization dated 06/30/2014 was submitted for the above medications; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #90 with 3 refills: Upheld

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) Page(s): 43-44.

Decision rationale: According to the California MTUS guidelines Duloxetine (Cymbalta) is recommended as an option in first-line treatment in neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant. The injured worker has a prescription for Cymbalta by her psychiatrist. It is not indicated why a duplicate prescription would be needed. There is lack of documentation of efficacy and functional improvement with the use of this medication and the request does not indicate a frequency for this medication. Therefore, the request is not medically necessary.

Flector 1.3% Patch #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The indications for the use of topical NSAIDS are osteoarthritis and tendinitis of the knee and other joints that can be treated topically. They are recommended for short term use of 4 to 12 weeks. There is little evidence indicating effectiveness for treatment of osteoarthritis of the spine, hip or shoulder. There is lack of documentation of efficacy and functional improvement with the use of this medication. It is not indicated how long the injured worker has been utilizing this medication and the request does not indicate a frequency for this medication. The request is not medically necessary.

Norco 10/325 #110 with 1 refill - use to wean: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, page 91, and Opioids, criteria for use, page 78 Page(s): 91, 78.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for the ongoing management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. This request was modified 07/07/2014 in order to wean the injured worker. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, an evaluation of risk for aberrant drug behaviors and side effects. In addition, the provider has had ample time to wean the injured worker from the Norco. The request does not indicate a frequency for this medication. The request for Norco is not medically necessary.