

Case Number:	CM14-0120300		
Date Assigned:	08/06/2014	Date of Injury:	06/01/2010
Decision Date:	09/30/2014	UR Denial Date:	07/12/2014
Priority:	Standard	Application Received:	07/30/2014

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 Occupational Medicine 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 45-year-old male who has submitted a claim for lower back pain and knee pain, bilateral; associated with an industrial injury date of 06/01/2010. Medical records from 2013 to 2014 were reviewed. The patient complained of lower back pain and bilateral knee pain rated at 5 out of 10. Physical examination showed no focal neurologic deficits. Treatment to date has included NSAIDs, antidepressants and opioids. Utilization review from 07/12/2014 denied the request for Norco 5/325MG, #90 because sufficient provisions for slow-tapering had been rendered in previous reviews. The use of Norco in this case is no longer medically necessary. The patient was prescribed with Norco on July 2014. The same review denied the request for Cymbalta 30mg #30 because there was no evidence of neuropathic pain for which guidelines recommend the use of Cymbalta. Patient has been on Cymbalta since at least July 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been prescribed Norco since at least July 2014 (8 weeks to date). The medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Furthermore, previous reviews have already prescribed the patient with weaning doses for purposes of slow-tapering. Therefore, the request for Norco 5/325mg #90 is not medically necessary.

Cymbalta 30mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 15-16.

Decision rationale: As stated on pages 15-16 of CA MTUS Chronic Pain Medical Treatment Guidelines, it states that Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia; is used off-label for neuropathic pain and radiculopathy, and is recommended as a first-line option for diabetic neuropathy. In this case, the patient has been taking Cymbalta since at least July 2013. However, there was no clear indication for its use. There is likewise no objective evidence of functional improvement derived from Cymbalta. Therefore, the request for Cymbalta 30mg #30 is not medically necessary.