

Case Number:	CM14-0120899		
Date Assigned:	08/06/2014	Date of Injury:	04/18/2002
Decision Date:	09/22/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	07/31/2014

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, Pain Medicine and is licensed to practice in Texas and Ohio. 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 35-year-old female who reported an injury on 04/18/2002 due to a slip and fall while at the school she worked at. The injured worker has diagnoses of arthropathy unspecified, involving bilateral lower legs, carpal tunnel syndrome bilaterally, degeneration of lumbosacral intervertebral discs and other and unspecified disc disorder of cervical region. The injured worker has undergone physical therapy, neck injections, back surgery, and medication therapy. Medications include Cymbalta 60 mg 1 capsule daily, MS Contin 15 mg 1 tablet every 12 hours, Norco 325/5 one tablet 3 times a day, ProAir HFA 90 mcg inhaler, and diazepam 5 mg tablet 2 tablets daily. The injured worker has undergone EMG testing and a cervical MRI scan in 2014. The injured worker has undergone lower spine surgery on 10/18/2012, right knee arthroscopy in 08/2012, and both wrists carpal tunnel release in 1993 and again in 2003, both shoulders, surgery in the 1990's. The injured worker complained of neck and back pain. There were no measurable pain levels documented in the report. Physical examination dated 06/16/2014 revealed that the injured worker had normal range of motion except for both shoulders, which had reduction in abduction of 30 degrees, and 1+ radial and dorsalis pedis posterior tibial pulses. There was a questionable Romberg test. There were 3 beats of left-sided nystagmus. There was a fine motor tremor. Motor examination revealed a 5/5 motor strength symmetric. Deep tendon reflexes of the biceps, triceps, and brachioradialis were 1+, symmetric. Spurling's maneuver and Hoffmann's were negative. Examination of the cervical spine revealed axle with strengthening, palpation of the facet was dramatically tender at the C4-5 and C5-6, and moderately tender at C3-4 and C6-7. The cervical paraspinous, parascapular, and trapezius muscles were tender and spastic. Cervical extension was reduced by 75%, flexion was reduced by 50%, and rotation was reduced by 50% bilaterally. The treatment plan is for the injured worker to continue with medication therapy which consists of diazepam, morphine sulfate,

Norco, and Cymbalta. The rationale was not submitted for review. The request for authorization form was submitted on 03/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5mg with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

Decision rationale: The California MTUS guidelines do not recommend Benzodiazepines (Diazepam) for long-term use and most guidelines limit use to 4 weeks. Given the above, it is not recommended by the CA MTUS that diazepam be given to the injured worker. It is only recommended for short-term use. The documentation provided for review revealed that the injured worker had been taking diazepam since at least 06/16/2014. Given the above, that indicates that the injured worker has been taking this medication for about three months, exceeding the recommended CA MTUS guidelines of 4 weeks. There was also a lack of efficacy of the medication to support continuation. The request as submitted failed to provide the frequency and duration of the medication. As such, the request for diazepam 5 mg with 3 refills is not medically necessary.

Morphine Sulfate ER 15mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78 and 93.

Decision rationale: The injured worker complained of neck and back pain. There were no measurable pain levels documented in the report. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should also be the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. The submitted report did not indicate whether the morphine was helping with any pain. There was also a lack of documentation rating the injured worker's pain before, during, and after the morphine sulphate. The submitted report revealed that the injured worker had been on morphine sulfate since at least 05/29/2014. The CA MTUS Guidelines also state there is to be use of drug

screening or inpatient treatment with issues of abuse, addiction, or poor pain control. There were no drug screens submitted for review. Given that the request did not specify duration or frequency and the request is not within The CA MTUS guidelines, the request for morphine sulphate 15 mg is not medically necessary.

Norco 5/325mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, On-Going Management, and Opioids for chronic pain Page(s): 75, 78, 80.

Decision rationale: The injured worker complained of neck and back pain. There were no measurable pain levels documented in the report. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that opioids appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. California MTUS Guidelines also indicate that the use of drug screening is for patients with documented issue of abuse, addiction, or poor pain control. MTUS Guidelines also state that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The documentation submitted for review indicated that the Norco was helping the injured worker. However, there was no quantified information regarding pain relief. There was also no assessment regarding average pain, intensity of pain, or longevity of pain. There were no drug screens submitted for review showing that the injured worker was in compliance with CA MTUS. In addition, there was no mention of a lack of side effects. Given the above, the request for Norco 5/325 mg is not supported by the CA MTUS. Furthermore, the request did not stipulate duration or frequency of the medication. As such, the request for Norco 5/325 #90 with 3 refills is not medically necessary.

Cymbalta 60mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state an assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration,

and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. There was a lack of documentation as to whether the Cymbalta was being effective to the injured worker. The efficacy of the medication was not noted. There are also notations as to the side effects of the medication. The guidelines stipulate that caution is required because Tricyclics have a low threshold for toxicity, and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their cardiovascular and neurological effects. The submitted report revealed that the injured worker had been taking Cymbalta since at least 05/24/2014, exceeding the recommended guidelines. Furthermore, the request as submitted did not indicate a duration or frequency of the medication. Given the above, the request for Cymbalta is not medically necessary.