

Case Number:	CM14-0122370		
Date Assigned:	08/06/2014	Date of Injury:	04/08/1993
Decision Date:	09/11/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	08/04/2014

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 Emergency 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:

Patient with had a reported date of injury on 4/8/1993. Mechanism of injury occurred decades prior and is described as back injury while offloading heavy slabs of wood. Patient has a diagnosis of chronic low back pain and insomnia. There are no listed prior surgeries or any more details as to the etiology of the back pains. Medical records reviewed. Last report reviewed until 6/3/14. Several very old reports from 2002 and 2003 were provided for unknown reason. Some historical data was reviewed in those notes but such an old report is not applicable to current review. Many of the recent notes are done in a SOAP (Subjective, Objective, Assessment, Plan) format and are extremely brief and provide minimal detail on physical exam. Patient has chronic back pains. Pain worsened 4 months prior, reportedly while walking a dog. Pain is low back radiating down right leg. Also notes periods of back spasms. There is no pain scale listed. Note mentions that patient had excessive sweating with morphine in the past. A note mention that they are attempting to do a trial of MS Contin in place of Tramadol that patient is currently taking. Only objective exam provided is rocking on chair because of his pain. Positive straight leg rise on right side. Notes mention that patient has been on Norco chronically for over 10years. Patient takes one tablet of Norco 3 times a day. Note also mentions that patient has been tried on multiple other medications including Elavil, Remeron, Lyrica and other medications and finally had improvement in pain with Cymbalta in 2007. Patient takes 1 tablet of Cymbalta once a day. No recent medication list was provided. Patient appears to be on Tramadol, Norco, Cymbalta, Lyrica, Lisinopril/HCTZ and potentially other medications. Patient has attempted transcutaneous electrical nerve stimulation (TENS) unit and epidural steroid injections in the past with no improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for MS Contin 15mg #60: 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) <76-78> Page(s): 76-78.

Decision rationale: The review of the records states that the MS Contin request is for a trial of the medication. MS Contin is long acting oral morphine. As per MTUS Chronic Pain guidelines, basic assessment needs to be documented prior to initializing opioids such as basic pain scale, functional assessment, end goals, pain contracts etc. The provider has failed to document any of these basic requirements. Patient has been stable on Tramadol and Norco for years. There is no documentation as to why there is a decision to change from tramadol to MS Contin anywhere in the provided documentation. Patient also had documented adverse side effects, with excessive sweating during prior use of morphine. Due to failure to document all required basic assessment elements as required by MTUS Chronic pain guidelines along with documented prior adverted side effects with morphine; MS Contin is not medically necessary.

1 prescription for Cymbalta 60mg #30 with 6 refills: 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) <13-14> Page(s): 13-14.

Decision rationale: Duloxetine (Cymbalta) is a selective serotonin reuptake inhibitor (SNRI) with efficacy in neuropathic pain. Documentation is poor and does not properly state if patient actually has neuropathic pain in list of diagnosis or history. Patient has documented straight leg raise and has been on other antidepressants in the past so the assumption is that patient has low back radiculopathy. Note mentions that patient has been tried on multiple other medications including Elavil, Remeron, Lyrica and other medications and finally had improvement in pain with Cymbalta in 2007. Patient takes 1 tablet of Cymbalta once a day. Documentation provided states that pt has supposed improvement with Cymbalta with improvement in pain and function but these improvements were not objectively documented.

As per MTUS Chronic pain guidelines, SNRIs have little evidence in the treatment of radiculopathy or chronic low back pains. While there is some vague documentation of improvement of pain and function with Cymbalta, the lack of objective documentation of improvement on an off label use of a medication with little evidence to support its use is not warranted. Cymbalta is not medically necessary.

1 prescription for Norco 10/325mg #90 with 3 refills: 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) <76-78> Page(s): 76-78.

Decision rationale: Notes mention that patient has been on norco chronically for over 10years. Patient takes one tablet 3 times a day. Norco is Acetaminophen and Hydrocodone, an opioid. As per MTUS chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation in any of the necessary criteria with no documentation of analgesia, activity of daily living, adverse events or aberrant behavior. The number of tablets prescribed is also also not appropriate and does not meet monitoring requirements as per MTUS guidelines. Norco is not medically necessary.

