

Case Number:	CM14-0129465		
Date Assigned:	08/18/2014	Date of Injury:	03/12/2002
Decision Date:	09/18/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/14/2014

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 Anesthesiology has a subspecialty in Pain 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 injured worker is a 63 year old female injured on 03/12/12 due to an undisclosed mechanism of injury. Diagnoses include lumbago, closed fracture of sacrum and coccyx without spinal cord involvement, chronic pain syndrome, and depression. Clinical note dated 07/14/14 indicates the injured worker presented complaining of back pain rated at 4-5/10 with a decrease to 3/10 with the use of medications and noted to be "unbearable" without the use of medications. The injured worker reported medications provide functional improvement allowing her to sit, stand, and walk for periods of longer than 10 minutes without extreme pain. Physical examination revealed paraspinal muscle spasms of the lumbar spine and tenderness to palpation at L3, no sacroiliac joint tenderness, decreased range of motion, positive bilateral distal decreased sensation to light touch, and stocking distribution. Medications include Cymbalta 60mg QD, Amitriptyline 10mg 1-2 tablets QHS, Baclofen 10mg 1 tablet TID, Norco 5/325mg BID, and Butrans 20mcg per hour q 7 days. The initial request was initially non-certified on 08/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg, #30 (2 Refills): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 44.

Decision rationale: As noted on page 44 of the Chronic Pain Medical Treatment Guidelines, Cymbalta is recommended as an option in first-line treatment of neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, with effect found to be significant by the end of week 1. The clinical documentation establishes the presence of objective findings consistent with neuropathy. As such, the request for Cymbalta 60mg, #30 with 2 Refills is medically necessary.

Amitriptyline 10mg, #60 (1 Refill): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclics Page(s): 122.

Decision rationale: Current guidelines consider tricyclics first-line treatments for neuropathic pain. The clinical documentation noted objective findings consistent with those of neuropathic pain. As such, the request for Amitriptyline 10mg, #60 with 1 Refill is medically necessary.

Baclofen 10mg, #105 (1 Refill): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines, Muscle Relaxant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of Baclofen 10mg, #105 with 1 refill cannot be established at this time. The request for Baclofen 10mg #105 with 1 refill is not medically necessary.

Norco 5/325mg, #10: Overturned

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 of Opioids Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. In addition, opioid risk assessments regarding possible dependence or diversion were also discussed. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics. The request for Norco 5/325mg, #10 is medically necessary.