MAXIMUS Federal Services

Case Number:	CM14-0131735		
Date Assigned:	09/16/2014	Date of Injury:	03/07/2005
Decision Date:	10/16/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/18/2014

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 & Rehabilitation 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 58-year-old male who sustained an injury on 3/7/05. As per the report dated 7/30/14, he complained of persistent moderate to severe lower back pain radiating to the right calf, right foot, and right thigh. Symptoms were relieved with pain medications and it was rated at a 2/10 and a 10/10 without. Level of activity interfering with performance of daily activities was rated at a 7/10. He also has anxiety, depression, and memory impairment. He has reportedly been admitted due to opioid overdose, in part, to the bipolar affective disorder. A referral to psychiatrist and tapering off of the opioid analgesics was recommended. Exam showed positive SLR test on the right reproducing leg pain below the knees less than 90 degrees. He had limited motion in the left and the right hip. Recent lumbar MRI revealed a L1-2 posterior herniated disc, multilevel DDD and facet arthropathy. His current medications include lisinopril, Metformin, Gabapentin, Butrans, Norco, Cymbalta, and Baclofen; weaning was recommended for baclofen, norco and cymbalta as indicated from the report dated 6/12/14. Also, the reports dated 2/10/14 indicated that Norco was becoming increasingly ineffective. CURES report was last addressed on 6/2/14. Urine drug screen was last addressed on 4/8/14. The L3-5 MBNB provided 40% facet pain relief. Diagnoses: Radiculopathy thoracic/lumbosacral, lumbosacral spondylosis without myelopathy, depression, insomnia, hypotestosteronemia, DM, hypertension, COAT chronic and chronic pain due to trauma. The request for Norco 10/325mg Quantity: 90, Cymbalta 60mg Quantity: 30; Cymbalta 30mg Quantity: 30; and Baclofen 20mg Quantity: 90 were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mgQuantity: 90: 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): 91.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The guidelines state continuation of opioids is recommended if the patient has returned to work and if the patient has improved functioning and pain. The medical records indicate that he has reportedly been admitted due to opioid overdose, in part, to the bipolar affective disorder. A referral to psychiatrist and tapering off of the opioid analgesics was recommended. Furthermore, the reports also indicated that Norco was becoming increasingly ineffective. The medical documents do not support continuation of opioid pain management. Therefore, the medical necessity for Norco has not been established based on guidelines and lack of documentation.

Cymbalta 60mgQuantity: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 43.

Decision rationale: Per guidelines, Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs); FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Duloxetine is recommended as a first-line option for diabetic neuropathy. Used off-label for neuropathic pain and radiculopathy. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. In this case, the IW is noted to have depression, anxiety and bipolar affective disorder. Cymbalta is not indicated in bipolar disorder. Furthermore, its use in radiculopathy is considered off-label, which is not supported and the IW is also taking Gabapentin). Thus, the request is considered not medically necessary in accordance to guidelines.

Cymbalta 30mg Quantity: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 43.

Decision rationale: Per guidelines, Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs); FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Duloxetine is recommended as a first-line option for diabetic neuropathy. Used off-label for neuropathic pain and radiculopathy. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. In this case, the IW is noted to have depression, anxiety and bipolar affective disorder. Cymbalta is not indicated in bipolar disorder. Furthermore, its use in radiculopathy is considered off-label, which is not supported and the IW is also taking Gabapentin. Thus, the request is considered not medically necessary in accordance to guidelines.

Baclofen 20mgQuantity: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity Page(s): 64.

Decision rationale: Per guidelines, Baclofen (Lioresal) is an antispasticity drug; the mechanism of action is blockade of the pre- and post-synaptic GABAB receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. In this case, there is no documentation of multiple sclerosis and spinal cord injuries. Furthermore, the IW is also taking Gabapentin for radiculopathy. Additionally, there is no documentation of any significant improvement in pain level (i.e. VAS) or function specifically with its prior use. As such, the request is not considered medically necessary according to guidelines.