

Case Number:	CM14-0133600		
Date Assigned:	08/27/2014	Date of Injury:	10/25/2004
Decision Date:	10/09/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/21/2014

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 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 62-year-old male who is permanent and stationary and sustained work-related injuries on December 25, 2004. On May 7, 2014 the injured worker went back to his provider and complained of back and knee pain rated at 5/10 which was constant, throbbing and was made worse with activity. He reported that Norco reduced his pain by 50% and allowed an increase in activity/exercise. He also reported that Cymbalta provided functional benefit including increase in walking and standing tolerance, independent activities of daily living, and reduced Norco consumption from two tabs to one tab. He reported that with medications his pain decreased from 7/10 down to 3/10. A lumbar spine examination noted hypertonicity of the bilateral paraspinal muscles with tenderness. His range of motion was decreased and painful with flexion up to 80% only. A urine drug screen test collected on May 12, 2014 indicated consistent results with current drug regimen and was not positive for illicit drugs. The most recent medical records dated July 9, 2014 indicate that the injured worker complained of pain in both legs as well as left knee pain. He rated his pain as 2-6/10 and described it as achy, burning, and numbing. He reported having a flare-up of his low back pain and tried to continue his home exercise program without success. He stated that with Norco he was able to walk longer, cook, help with the laundry, help with household chores and his pain rated at 8/10 would go down to 4/10. He also stated that Cymbalta decreased his lower extremity pain and numbness. Muscle spasm, stiffness in the paraspinal muscles as well as numbness and tingling sensation with limited range of motion of the lumbar spine were noted. Left knee pain was also noted. Numbness of both lower extremities was also noted. Weakness in dorsi and plantar flexion was noted bilaterally. He was diagnosed with (a) lumbar sprain (unstable); (b) lumbosacral radiculitis (unstable); (c) degenerative lumbar disc (unstable) and (d) chronic pain syndrome (unstable).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Classifications: Short-acting/Long-acting opioids; Opioids, criteria for use Page(s): 75;

Decision rationale: According to evidence-based guidelines continuation of opioid pain management can be warranted if there is improvement in pain levels and function as long as there is documentation of the 4As of opioid management (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) as well as use of drug screening and misuse of medications. In this case, documentation indicates that with Norco 5/325 milligrams his pain levels would go down from 8/10 to 4/10 as per recent medical records. A review of previous medical records also indicates that with Norco pain would go down from 7/10 to 3/10. Functionally, this allowed the injured worker to do activities of daily living including walking, cooking, helping with laundry, and doing household chores. The most recent urine drug screening test, dated May 12, 2014, indicates that his results are consistent with current medication and he is negative for illicit drugs. He also noted not to exhibit any aberrant behaviors. Moreover, evidence-based guidelines also indicate that Norco can be used to address breakthrough or flare-up pain, in this case, the injured is also noted to experience a recent flare-up of his pain and its associated symptoms. Based on these reasons, the injured worker satisfies the recommendations of evidence-based guidelines therefore the requested Norco 5 /325 milligram #30 is medically necessary.

Cymbalta 30mg #30: Overturned

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; Specific Antidepressants: Selective serotonin and norepinephri.

Decision rationale: Cymbalta, an anti-depressant, is considered by evidence-based guidelines as first line option for neuropathic pain and possibility for non-neuropathic pain. In this case, the injured worker described his pain as achy, numbing and burning which are characteristics specifically unique to neuropathic type of pain. Moreover, it is documented that the injured worker has failed Neurontin, tricyclic antidepressants (TCA), and Lyrica. These medications are considered as anti-epilepsy drugs (AEDs) which are considered as first line treatment for neuropathic pain. Moreover, the injured worker also indicated that with the addition of Cymbalta, his consumption of Norco 5/325 milligrams went down from twice a day down to once per day. Based on these reasons, the requested Cymbalta is medically necessary.

Acupuncture time six (6): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidence-based guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Documentation further notes that he had previous acupuncture treatments which provided "good results." Also documentation does not indicate that his medication has been substantially reduced or is not tolerated by the injured worker. Due to the absence of measurable objective findings or evidence of functional improvements as well as lack of evidence that medication are reduced or not tolerated, the medical necessity of the requested 6 acupuncture therapy sessions is not medically necessary.