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| Case Number: | CM14-0135230 | | |
| Date Assigned: | 10/10/2014 | Date of Injury: | 06/16/1997 |
| Decision Date: | 11/10/2014 | UR Denial Date: | 08/12/2014 |
| Priority: | Standard | Application Received: | 08/22/2014 |

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 Occupational 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:

Injured worker is a male with date of injury 6/16/1997. Per primary treating physician's progress report dated 9/18/2014, the injured worker states that pain is located on low back, right hip, right leg, right shoulder and bilateral arms. He states that the pain on the right leg started to radiate down to feet and toes with numbing sensation. He states that the pain is constant and sharp. Walking, sitting or lifting heavy things makes the pain worse. He states that medication is the only thing that makes the pain better. He states that without medication the pain level is 10/10, and with medication it is 5/10. He states he is currently taking MS Contin 60 mg 1 tab every 8 hours, Percocet 10-325 mg 1 tab three times daily and Cymbalta 60 mg 2 caps daily with 50% pain relief. He denies any side effects. He states that taking Cymbalta he is noticing that the medication makes him relax. He states taking MS Contin and Percocet he is noticing that they make the pain tolerable to the point that he can do yard work and dog's cleaning. He states that he can walk and sit with current pain medications for as long as 1 block. He states that without pain medication he can sit or walk for only 5 minutes. On examination he has 5/5 strength in bilateral upper extremities. There are moderate palpable spasms in bilateral lumbar musculature with positive twitch response. There is moderate pain with lumbar extension. He has slowed ambulation. Straight leg raise is positive on the right. Right hip provocative maneuvers are positive. There is decreased range of motion in the right hip due to pain. He walks with a cane. Diagnoses include 1) chronic pain syndrome 2) lumbar radiculopathy 3) osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325MG, #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section Page(s): 74-95.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The claims administrator notes that the injured worker was experiencing 30% improvement in pain with medications, and that there was no documented functional improvement. The more recent clinical report indicates that the injured worker is experiencing 50% improvement in pain and improved function. The medical documentation reports that the injured worker is on chronic pain medications and he needs these medications to remain functional. The injured worker's opioid medication dosing has remained stable and, and he appears to be in a maintenance stage of his pain management. The request for Percocet 10/325mg, #90 is determined to be medically necessary.

CYMBALTA 60MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain section Page(s): 13-16.

Decision rationale: The injured worker reports feeling relaxed with the use of Cymbalta. The indications for Cymbalta are not clear as the injured worker has chronic low back pain with radiculopathy, and mood disorder is not addressed. The MTUS Guidelines recommended the use of antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. 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. SSRIs (Selective serotonin reuptake inhibitors) have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs (serotonin-norepinephrine reuptake inhibitors) have not been evaluated for this condition. Additionally, there are no specific medications that have been proven in high quality studies to be efficacious for treatment of lumbosacral radiculopathy. The request for Cymbalta 60mg, #60 is determined to not be medically necessary.

