MAXIMUS Federal Services

Case Number:	CM14-0142115		
Date Assigned:	09/10/2014	Date of Injury:	01/04/2000
Decision Date:	12/31/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/02/2014

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:

This patient is a 63-year old male employee with date of injury of 1/4/2000. A review of the medical records indicate that the patient is undergoing treatment for post laminectomy syndrome of the lumbar region, cervical radiculitis, myospasms, lumbosacral, and lumbosacral disc degeneration. Subjective complaints include pain throughout lumbar and cervical regions and right shoulder rated 5/10 on 6/10/2014, 8/10 on 7/21/2014, 9/10 on 8/21/2014. Patient also reported difficulty sleeping according to physician's notes dated 6/10/2014. Objective findings include a physical exam on 8/21/2014 which revealed right shoulder swelling, painful range of motion, normal muscle testing of upper extremities, facet and paravertebral tenderness from the thoracolumbar to the sacrolumbar region, muscle spasm, restricted range of motion in lumbar region, lower right leg muscle weakness, and bilateral straight leg raise test positive. Treatment has included acupuncture, chiropractic treatment, discogram, ESI injection, facet joint injection, heat treatment, ice treatment, massage therapy, physical therapy, TENS, trigger point injection. Medications have included Fentanyl patches (50% pain relief), Lidoderm patches (60% pain relief), Nucynta (40% pain relief), Cymbalta (60% pain relief), and Provigil 200mg 1/day. Additional treatments included Toradol injections; Duragesic patches 50mcg/hr 1/2days, Diazepam 5mg 1/day, Skelaxin 800mg 3/day as needed, Acetaminophen 650mg 6/day, Zantac 150mg 1/day, Ambien10mg 1/day and Nexium 40mg 1/day. The utilization review dated 8/30/2014 rendered the following: 1.Nucynta 75mg #90 partially certified to #65 for weaning purposes. 2. Cymbalta 60mg #30 due to lack of demonstrated need.3. Provigil #30 x 3 refills due to no specific documentation of narcolepsy in the medical files.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 75 mg, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability Guidelines (ODG), Pain (Chronic) Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: MTUS states regarding the use of opioids that ongoing review and documentation of pain relief, functional status, and appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. The patient subjective pain rating has progressively worsened, indicating that this regimen is not appropriate. The original reviewer modified the request down to 65 units to allow for weaning, which was appropriate. The medical records do not support continued treatment per guidelines and weaning should occur. As such, the request for Nucynta 75 mg, ninety counts is not medically indicated.

Cymbalta 60 mg,#30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta (Duloxetine) Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and Treatments Page(s): 13-16.

Decision rationale: MTUS state regarding antidepressants for pain, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. The treating physician does not indicate failure of first-line agents and does not indicate how a first line agent ineffective, poorly tolerated, or contraindicated. MTUS states regarding Cymbalta: Selective serotonin and norepinephrine reuptake inhibitors (SNRIs): Duloxetine (Cymbalta): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. (Dworkin, 2007) No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. (Dworkin, 2007) More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. Side effects: CNS: dizziness, fatigue, somnolence,

drowsiness, anxiety (3% vs.2% for placebo), insomnia (8-13% vs. 6-7% for placebo). GI: nausea and vomiting (5-30%), weight loss (2%). Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks. Withdrawal effects can be severe. Abrupt discontinuation should be avoided and tapering is recommended before discontinuation. Medical records do not substantiate anxiety, depression, diabetic neuropathy, and/or fibromyalgia, which are the only FDA, indicated uses of Cymbalta. As such, the request for Cymbalta 60mg #30 with 3 refills is not medically necessary.

Provigil, #30 with three refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate.com, Treatment of narcolepsy, Modafinil

Decision rationale: Provigil is the brand name version of Modafinil. MTUS and ACOEM are silent with regards to Modafinil. Other guidelines were used. Up-to-date classifies Provigil as a central nervous system stimulant with FDA labeling usage to improve wakefulness in patients with excessive daytime sleepiness associated with narcolepsy and shift work sleep disorder (SWSD). Modafinil is also labeled for the adjunctive therapy for obstructive sleep apnea/hypopnea syndrome (OSAHS), and. There is also an off-label usage of Modafinil for Attention Deficit Hyperactive Disorder (ADHD) and treatment of fatigue in multiple-sclerosis and other disorders. The medical records do not indicate or substantiate the treatment for narcolepsy, SWSD, OSAHS, ADHD, or multiple-sclerosis. The medical notes have also not indicated any conservative treatments were performed to address proper sleep hygiene and sleep-wake cycle. As such, the request for Provigil, thirty counts with three refills is not medically necessary.