

Case Number:	CM14-0150801		
Date Assigned:	09/19/2014	Date of Injury:	10/07/2005
Decision Date:	10/24/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/16/2014

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 Illinois. 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 65-year-old male with a reported date of injury on 10/07/2005. The injury reportedly occurred when the injured worker tripped over an air hose. His diagnoses were noted to include insomnia, rotator cuff syndrome, cervical disc degeneration, and chronic pain syndrome. His previous treatments were noted to include surgery and medications. The progress note dated 06/25/2014 revealed complaints of generic Cymbalta that made the injured worker extremely sick to his stomach and requested the brand name only. The physical examination revealed normal range of motion to the spine and the right side shoulder signs and symptoms of rotator cuff injury continued with no ability to force against forced abduction, crepitation, and popping. The progress note dated 09/16/2014 revealed complaints of pain to the shoulders and radicular pain from the osteoarthritis and cervical disc disease. The physical examination revealed full range of motion to the lumbar spine and the neurological examination revealed 4/5 strength to the upper extremities. The extremities had limited range of motion due to pain to both shoulders, left greater than right. The injured worker indicated with Cymbalta and trazodone he had been able to go out and do a few activities with his grandchildren and was afraid to discontinue is antidepressants. The injured worker indicated the cervical spine osteoarthritis felt much better since he had begun taking his naproxen and it allowed for much less bone pain and for him to have much better mobility in the neck and shoulders. The Request for Authorization Form was not submitted within the medical records. The prospective request was for naproxen 500 mg #60 (refill x 6) for cervical pain, tramadol hydrochloride 50 mg #120 for pain, and Cymbalta 30 mg #90 (refill x 11) for radicular symptoms, and hydrocodone 5/300 mg #100 for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective use of Naproxen 500mg #60 (Refill x6): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The prospective use of naproxen 500 mg #60 (refill x 6) is not medically necessary. The injured worker has been utilizing this medication since at least 09/2012. The California Chronic Pain Medical Treatment Guidelines indicate that NSAIDs are recommended for short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs during the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and objective decrease in pain. The injured worker indicated his cervical spine osteoarthritis felt much better since he began taking his naproxen on a regular basis and allowed him to have better mobility in his neck and shoulders. However, the request failed to provide the frequency at which this medication is to be utilized. Additionally, the guidelines recommend short term utilization of NSAIDs and the injured worker has been on this medication for 2 years. Therefore, the request is not medically necessary.

Prospective use of Tramadol HCL 50mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management, Page(s): 78.

Decision rationale: The prospective use of tramadol hydrochloride 50 mg #120 is not medically necessary. The injured worker indicated the tramadol helped with his pain and he was able to do more activities with his grandchildren. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors should be addressed. There is a lack of evidence of decreased pain on a numerical scale with the use of medications. The injured worker indicated he was able to do a little bit more activities with his grandchildren with the use of medications. There is a lack of documentation regarding side effects and as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, despite documentation of improved functional status, without documentation of evidence of decreased pain on a numerical scale, side effects, and without details regarding previous urine drug screens to verify appropriate medication use and the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines.

Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.

Prospective use of Cymbalta 30mg #90 (Refill x11): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13.

Decision rationale: The prospective use of Cymbalta 30 mg #90 (refill x 11) is not medically necessary. The injured worker has been utilizing this medication since at least 03/2008. The California Chronic Pain Medical Treatment Guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration, and psychological assessments. The injured worker indicated he was worried if his antidepressants were discontinued it was going to have a profound effect on his depression and he felt the Cymbalta had helped quite a bit with his pain. There is a lack of documentation regarding sleep duration and quality as well as a reduction in pain medication with the utilization of Cymbalta. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Prospective use of Hydrocodone 5 300mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management, Page(s): 78.

Decision rationale: The prospective use of hydrocodone 5/300 mg #100 is not medically necessary. The injured worker indicated the tramadol helped with his pain and he was able to do more activities with his grandchildren. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors should be addressed. There is a lack of evidence of decreased pain on a numerical scale with the use of medications. The injured worker indicated he was able to do a little bit more activities with his grandchildren with the use of medications. There is a lack of documentation regarding side effects and as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, despite documentation of improved functional status, without documentation of evidence of decreased pain on a numerical scale, side effects, and without details regarding

previous urine drug screens to verify appropriate medication use and the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.

Retrospective use of Cymbalta 30mg #90 (DOS 8/14/14): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The retrospective use of Cymbalta 30 mg #90 (DOS 8/14/14) is not medically necessary. The injured worker has been utilizing this medication since at least 03/2008. The California Chronic Pain Medical Treatment Guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration, and psychological assessments. The injured worker indicated he was worried if his antidepressants were discontinued it was going to have a profound effect on his depression and he felt the Cymbalta had helped quite a bit with his pain. There is a lack of documentation regarding sleep duration and quality as well as a reduction in pain medication with the utilization of Cymbalta. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Retrospective use of Hydrocodone 5 300mg #100 (DOS 8/27/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The retrospective use of hydrocodone 5/300 mg #100 (DOS 8/27/14) is not medically necessary. The injured worker indicated the tramadol helped with his pain and he was able to do more activities with his grandchildren. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors should be addressed. There is a lack of evidence of decreased pain on a numerical scale with the use of medications. The injured worker indicated he was able to do a little bit more activities with his grandchildren with the use of medications. There is a lack of documentation regarding side effects and as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, despite documentation of improved functional status,

without documentation of evidence of decreased pain on a numerical scale, side effects, and without details regarding previous urine drug screens to verify appropriate medication use and the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.