

Case Number:	CM14-0152138		
Date Assigned:	09/22/2014	Date of Injury:	11/30/2004
Decision Date:	10/22/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/18/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 54-year-old female with an 11/30/04 date of injury. At the time (7/28/14) of request for authorization for Cymbalta (Duloxetine) 60mg, Dilaudid (Hydromorphone) 4mg, Norco (Hydrocodone/APAP), and Relpax (Eletriptan) 40mg, there is documentation of subjective (severe neck pain, right upper extremity pain, right wrist pain, poor sleep quality) and objective (anxious and tearful appearance, slowed gait, tenderness to palpation over the right lateral epicondyle and olecranon process, positive Tinel's sign over the right elbow, right wrist tenderness to palpation over the radial and ulnar side, dysesthesias over the medial and lateral forearms; diffuse pain to palpation over the bilateral upper extremities) findings, current diagnoses (right extremity pain, right lateral epicondylitis, migraine unspecified, and temporomandibular pain), and treatment to date (ongoing therapy with Norco, Cymbalta, Dilaudid, and Relpax with optimal improvement in function and activities of daily living). Medical report identifies a signed pain contract. Regarding Cymbalta (Duloxetine) 60mg, there is no documentation of depression, generalized anxiety disorder, or pain related to diabetic neuropathy. Regarding Relpax (Eletriptan) 40mg, there is no documentation of a condition/diagnosis (with supportive clinical findings) for which Relpax is indicated (acute treatment of migraine with or without aura).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta (Duloxetine) 60mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 91, 93. Decision based on Non-MTUS Citation Official Disability Guidelines, Duloxetine (Cymbalta)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state Cymbalta is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of depression, generalized anxiety disorder, or pain related to diabetic neuropathy, as criteria necessary to support the medical necessity of Cymbalta. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of right extremity pain, right lateral epicondylitis, migraine unspecified, and temporomandibular pain. In addition, given documentation of ongoing treatment with Cymbalta with optimal improvement in function and activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Cymbalta. However, despite documentation of objective findings (anxious and tearful appearance), there is no (clear) documentation of depression, generalized anxiety disorder, or pain related to diabetic neuropathy. Therefore, based on guidelines and a review of the evidence, the request for Cymbalta (Duloxetine) 60mg is not medically necessary.

Dilaudid (Hydromorphone) 4mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydromorphone (Dilaudid).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of right extremity pain, right lateral epicondylitis, migraine unspecified, and temporomandibular pain. In addition, given documentation of a signed pain contract, there is documentation that the prescriptions are from a single practitioner and are taken

as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of ongoing treatment with Dilaudid with optimal improvement in function and activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Dilaudid. Therefore, based on guidelines and a review of the evidence, the request for Dilaudid (Hydromorphone) 4mg is medically necessary.

Norco (Hydrocodone/APAP): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of right extremity pain, right lateral epicondylitis, migraine unspecified, and temporomandibular pain. In addition, given documentation of a signed pain contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of ongoing treatment with Norco with optimal improvement in function and activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Norco. Therefore, based on guidelines and a review of the evidence, the request for Norco (Hydrocodone/APAP) is medically necessary.

Replax (Eletriptan) 40mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Migraine pharmaceutical treatment

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: Title 8, California Code of Regulations, section 9792.20; (<http://www.drugs.com/pro/relpax.html#indications>)

Decision rationale: MTUS and ODG do not address this issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Medical Treatment Guideline identifies documentation of a condition/diagnosis (with supportive clinical findings) for which Relpax is indicated (such as: acute treatment of migraine with or without aura in adults), as criteria necessary to support the medical necessity of Relpax (Eletriptan). Within the medical information available for review, there is documentation of a diagnosis of migraine unspecified. In addition, given documentation of ongoing treatment with Relpax with optimal improvement in function and activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Relpax. However, given no documentation of supportive clinical findings of migraine, there is no documentation of a condition/diagnosis for which Relpax is indicated (acute treatment of migraine with or without aura). Therefore, based on guidelines and a review of the evidence, the request for Relpax (Eletriptan) 40mg is not medically necessary.