

Case Number:	CM14-0158820		
Date Assigned:	10/02/2014	Date of Injury:	05/31/2002
Decision Date:	10/29/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	09/29/2014

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 Geriatrics and is licensed to practice in New York. 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 46-year-old man with a date of injury of 5/31/02. He was seen by his secondary physician in follow-up of an anterior and posterior lumbar fusion from L4-5 to S1 in June 2014 for intractable lumbar pain and radiculopathy on 8/14/14. He was provided with his oral medications, MS Contin and Dilaudid for pain, Zanaflex, and several medications for constipation. He did not report any significant side effects. His physical exam showed no signs of sedation. He was alert and oriented and on an electrical scooter. The medications that were provided and/or refilled, and which are at issue in this review, are Duloxetine, MS Contin, Dilaudid, Neurontin, Senna-S, and Colace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15-16.

Decision rationale: This worker has chronic back pain status post lumbar fusion surgery. At issue in this review is the prescription of Cymbalta. Duloxetine or Cymbalta is FDA approved

for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is used off-label for neuropathic pain and radiculopathy. There is limited documentation of a discussion of efficacy or side effects and given her corrective surgery for her lumbar radiculopathy, the records do not support the medical necessity of ongoing use of Cymbalta.

Neurontin 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin (Gabapentin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

Decision rationale: This worker has chronic back pain status post lumbar fusion surgery. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. For chronic non-specific axial low back pain, there is insufficient evidence to recommend the use of gabapentin. The medical records fail to document any improvement in pain, functional status or side effects to justify use. He is also receiving opioid analgesics, and the Gabapentin is not medically substantiated.

Senokot S #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation resource Up To Date: Senna -drug information and Management of chronic constipation in adults

Decision rationale: Sennokot is a stimulant laxative used for the short-term treatment of constipation and in management/prevention of opioid-induced constipation. In this injured worker, it is not documented whether other non-pharmacologic modalities were used prior to medications for constipation. Also, the review of systems, history and physical exam do not document any issue with constipation to justify medical necessity for the Senokot.

Colace 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation resource Up To Date: Management of chronic constipation in adults

Decision rationale: Colace is a stool softener often used in the treatment of constipation. In this injured worker, it is not documented whether other non-pharmacologic modalities were used prior to medications for constipation. Also, the review of systems, history and physical exam do not document any issue with constipation to justify medical necessity for the Colace.

MS Contin 60mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: This worker has chronic back pain status post lumbar fusion surgery. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 8/14/14 fails to document efficacy, functional status or side effects to justify ongoing use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of MS Contin is not substantiated in the records.

Dilaudid 4mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: This worker has chronic back pain status post lumbar fusion surgery. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 8/14/14 fails to document efficacy, functional status or side effects to justify ongoing use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Dilaudid is not substantiated in the records.