

Case Number:	CM14-0170208		
Date Assigned:	10/20/2014	Date of Injury:	08/18/2008
Decision Date:	12/31/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/15/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 is a 42 year old female with a work related injury dated 08/18/2008. Mechanism of injury is not noted in received medical records. According to a visit note dated 10/16/2014, the injured worker presented with complaints of headache and essentially all over body pain. Diagnoses included displacement of cervical intervertebral disc without myelopathy, cervical post-laminectomy syndrome, neck pain, brachial neuritis, disorder of back, headache, and shoulder joint pain. An orthopedic visit note dated 07/03/2014 lists previous treatments of translaminar cervical epidural steroid injection, anterior cervical discectomy and fusion with post-operative chiropractic treatment, acupuncture, and medications. Work status is noted as permanent and stationary. On 09/29/2014, Utilization Review non-certified the request for Cymbalta 60 MG #30, Topamax 60 MG #60, Colace 50 MG #60, Morphine ER 15 MG #120, Gabapentin 600 MG #180, and Urine Drug Screen citing Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines, and Official Disability Guidelines - Treatment in Workers Compensation Pain Procedure Summary. The Utilization Review physician stated that submitted records still lack supporting evidence of objective functional benefit regarding use of Cymbalta, Topamax, Gabapentin, and Morphine. In addition, the physician noted that there is no documentation of attempt at weaning/tapering in regards to Morphine. Therefore, the Utilization Review decision was appealed for an Independent Medical Review. Regarding Colace, certification is recommended due to the injured worker reporting constipation from the prescribed opioid medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60 MG #30: Upheld

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

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

Decision rationale: Cymbalta 60 MG #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia and is off-label for neuropathic pain and radiculopathy. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. The Cymbalta was initially prescribed by the prior pain management physician. The documentation indicates that the patient has been on Cymbalta long term without objective evidence of functional improvement therefore the request for continued Cymbalta is not medically necessary.

Topamax 60 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax, no generic available) Page(s): 21.

Decision rationale: Topamax 60 MG #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Topamax has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. The documentation does not indicate functional improvement from prior Topamax or failure of other anticonvulsants therefore Topamax is not medically necessary.

Morphine ER 15 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

Decision rationale: Morphine ER 15 MG #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or

improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation indicates that the patient has had no significant functional improvement and continues to have pain despite long term opioids use. The request for Morphine ER is not medically necessary.

Gabapentin 600 MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

Decision rationale: Gabapentin 600 MG #180 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that 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. The documentation indicates that the patient has been on Gabapentin without clear objective documentation of functional improvement. The request for continued Gabapentin is not medically necessary.

Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Drug Screens, Steps To Avoid Misuse/Addiction Page(s): 77-80, 94, 43, 77, 78, 89, 94. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Updated ACOEM Guidelines, 8/14/08, Chronic Pain, Chapter 7, Page 138, Urine Drug Screens.

Decision rationale: Urine drug screen is not medically necessary per the MTUS and the ODG guidelines. The documentation indicates that the patient has had consistent urine drug screens on 05/05/14, 05/28/14, 06/26/14, and 08/21/14 indicates positive result for Morphine which confirms the medication MS Contin. . The MTUS recommends random drug testing, not at office visits or regular intervals, as is occurring in this case . The ODG states that patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. The documentation does not indicate high risk behavior. The many urine drug screens that have been performed were not performed according to the recommendations of the MTUS and other guidelines therefore the request for urine drug screen is not medically necessary.