

Case Number:	CM14-0179291		
Date Assigned:	11/03/2014	Date of Injury:	05/09/1996
Decision Date:	12/09/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/28/2014

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 Interventional Spine 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:

The patient is a 60 year old with an injury date on 5/9/96. Patient complains of left leg pain, back pain, and headaches per 9/22/14. Patient fell on 8/9/14 and hit the back of head on cement and legs are weak from working per 9/22/14 report. Based on the 9/22/14 progress report provided by [REDACTED] the diagnoses are: 1. CRPS2. recent fall hitting occiput 2 degrees + 3. neuro exam negative. R/O left hip fracture 4. weakness in legs Exam on 9/22/14 showed "straight leg raise positive bilateral at 90 degrees. Abduction/adduction of left hip painful. Curved spine." Patient's treatment history include medications. [REDACTED] is requesting dexilant 60mg #90, sucralfate 1gm, #120, cymbalta 60mg #60, nucynta ER 150mg #60, and lyrica 75mg #60. The utilization review determination being challenged is dated 9/3/14. [REDACTED] is the requesting provider, and he provided treatment reports from 4/17/14 to 10/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant 60mg, #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, Proton pump inhibitors (PPIs) Other Medical Treatment Guideline or Medical Evidence: FDA labeled indications: DEXILANT

Decision rationale: This patient presents with left leg pain, headache, and back pain. The treater has asked for DEXILANT 60mg #90 on 9/22/14 . Patient has been taking Dexilant since 4/17/14 report. The FDA labeled indications for Dexilant are for Healing of Erosive Esophagitis. Dexilant is indicated for healing of all grades of erosive esophagitis (EE) for up to eight weeks. Dexilant is also indicated to maintain healing of EE and relief of heartburn for up to six months. Dexilant is indicated for the treatment of heartburn associated with symptomatic non-erosive gastroesophageal reflux disease (GERD) for four weeks. Regarding Proton pump inhibitors (PPIs), ODG states recommended for patients at risk for gastrointestinal events. Patient has been taking Dexilant since 4/17/14. Regarding Prilosec, MTUS does not recommend routine prophylactic use along with NSAID unless GI risk assessment is provided that include age >65, concurrent use of ASA, anticoagulants, high dose NSAID, or history of bleeding ulcers, PUD, etc. In this case, current list of medications do not include an NSAID. There are no documentation of any GI issues such as GERD, gastritis or PUD for which a PPI may be indicated. The treater does not explain why this medication is being prescribed. Recommendation is for denial.

Sucralfate 1gm, #120: Upheld

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

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: Medline Plus: Sucralfate

Decision rationale: This patient presents with left leg pain, headache, and back pain. The treater has asked for SUCRALFATE 1gm, #120 on 9/22/14. Patient does not have a history of taking Sucralfate. According to Medline Plus, sucralfate is used to treat and prevent the return of duodenal ulcers (ulcers located in first part of the small intestine). Treatment with other medications, such as antibiotics, may also be necessary to treat and prevent the return of ulcers caused by a certain type of bacteria (H. pylori) Sucralfate is in a class of medications called protectants. It sticks to damaged ulcer tissue and protects against acid and enzymes so healing can occur. In this case, the patient does not present with any GI issues such as GERD, gastritis or PUD for which this medication may be indicated. The requested sucralfate 1gm, #120 is not medically necessary at this time. Recommendation is for denial.

Cymbalta 60mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors; Duloxetine (Cymbalta) Page(s): 16-.

Decision rationale: This patient presents with left leg pain, headache, and back pain. The treater has asked for CYMBALTA 60mg #60 on 9/22/14. Patient has been taking Cymbalta since 9/22/14. Regarding Cymbalta, MTUS pag 16,17 states "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." In this case, the patient has been taking Cymbalta for 8 months without documentation of improvement. Regarding medications for chronic pain, MTUS pg. 60 states treater must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. Recommendation is for denial.

Nucynta ER 150mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78; 88-89.

Decision rationale: This patient presents with left leg pain, headache, and back pain. The treater has asked for NUCYNTA ER 150mg #60 on 9/22/14. Patient has been taking Nucynta since 4/17/14. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, there is no documentation of a decrease in pain with current medication.. There is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living is not discussed. There is no discussion of return to work or change in work status attributed to the use of opiate. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. Recommendation is for denial.

Lyrica 75mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica); Medications for chronic pain ; Antiepilepsy drugs (AEDs) Page(s): 19-20 ; 6.

Decision rationale: This patient presents with left leg pain, headache, and back pain. The treater has asked for LYRICA 75mg #60 on 9/22/14. Patient has been taking Lyrica since 4/17/14. Regarding Pregabalin (Lyrica, no generic available) MTUS states it is documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. In June 2007 the FDA announced the approval of pregabalin as the first approved treatment for fibromyalgia. Regarding anti-epilepsy drugs, MTUS recommends for neuropathic pain. There are few RCTs directed at central pain and none for painful radiculopathy. The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. In this case, the patient has been using Cymbalta since 4/17/14 without documentation of pain relief or functional improvement. Regarding medications for chronic pain, MTUS pg. 60 states treater must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. Recommendation is for denial.