

Case Number:	CM14-0185780		
Date Assigned:	11/13/2014	Date of Injury:	11/22/2004
Decision Date:	12/30/2014	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/07/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 22, 2004. In a Utilization Review Report dated November 5, 2014, the claims administrator partially approved request for Soma, apparently for weaning or tapering purposes, while denying Cymbalta and a Toradol injection administered on October 27, 2014 outright. The claims administrator reportedly based its decision, in part, on an unfavorable Independent Medical Review report of October 17, 2014. The claims administrator stated that it was denying its request based on the attending provider's failure to furnish a compelling rationale for the medications in question. The claims administrator did state that the applicant was working, however. The applicant attorney subsequently appealed. In an October 27, 2014 progress note, the applicant reported an acute flare-up of pain and muscle spasms following an earlier lumbar radiofrequency ablation procedure of October 21, 2014. The applicant had reportedly failed Prozac, an antidepressant medication, and was now apparently using Lexapro for depression. 8/10 pain was reported. The applicant was performing labor intensive job on a full-time basis, it was stated. The applicant reportedly had a clean safety record at work, it was stated. Cymbalta, Tegaderm film, Duragesic patches, Motrin, Methadone, and Soma were endorsed. The applicant was asked to return to work. It was stated that Cymbalta was being employed for better management of the applicant's chronic pain syndrome and that the applicant could potentially be titrated upward on the same. A Toradol injection was apparently performed in the clinic. Earlier notes of June 30, 2014 and August 27, 2014 were reviewed. There was no mention of the applicant's using Soma on either of these occasions. While the applicant was given Duragesic, Tegaderm, Lexapro, Motrin, and Mentherm on those occasions, there was no mention of Soma as being employed on either occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta DR 30 mg #60: Overturned

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

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

Decision rationale: As noted on page 15 of the MTUS Chronic Pain Medical Treatment Guidelines, Cymbalta is FDA approved in the treatment of anxiety, depression, and fibromyalgia but can be employed off label for radiculopathy, as is present here. The request in question did represent a first-time request for the same, initiated on October 27, 2014. Contrary to what the claims administrator posited in its Utilization Review Report, the attending provider did clearly suggest that Cymbalta was being introduced for radiculopathy here. This is an MTUS-endorsed role for the same. Therefore, the request was medically necessary.

Soma 350 mg for 30 Days # 30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol topic Page(s): 65, 29.

Decision rationale: While page 65 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledges that Carisoprodol is not recommended for longer than two to three weeks and while page 29 of the MTUS Chronic Pain Medical Treatment Guidelines likewise stipulates that Carisoprodol or Soma is not recommended for long-term use purposes, in this case, however, the request in question did represent a short-term, 30-tablet supply of Cymbalta introduced on October 27, 2014, for an acute flare of chronic pain. The applicant was not using Carisoprodol (Soma) prior to the October 27, 2014 office visit on which it was seemingly dispensed for the first time. The applicant was described as exhibiting acute flare in pain on that date. The limited 30-tablet supply of Soma at issue was indicated to combat the same. Therefore, the request was medically necessary.

Toradol 60 mg Injection: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines oral Ketorolac-Toradol section. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Table 11

Decision rationale: While the MTUS does not specifically address the topic of injectable Toradol, page 72 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that oral keralac or Toradol is not recommended for minor or chronic painful conditions. Here, however, the applicant was described on the October 27, 2014 office visit as exhibiting a flare in pain, scored at 8/10. Injectable Toradol was indicated to combat the applicant's acute flare in pain evident on the date in question. Similarly, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that a single dose of ketorolac (Toradol) appears to be a useful alternative to a single dose of opioids for the management of applicants who present to an emergency department with severe musculoskeletal low back pain. Here, the applicant did present to the clinic setting with a flare of low back pain in the 8/10 range. A shot of injectable ketorolac (Toradol) was, by analogy, indicated here. Therefore, the request was medically necessary.