

Case Number:	CM14-0024368		
Date Assigned:	06/11/2014	Date of Injury:	05/24/2011
Decision Date:	07/15/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/26/2014

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 55 year old male with date of injury 5/24/11. The treating physician report dated 1/8/14 indicates that the patient presents with pain affecting the lumbar spine and buttocks that is rated a 7.5/10. The current diagnoses are: 1. Right L3-S1 facet joint pain. 2. Right Sacroiliac joint pain. 3. Lumbar disc protrusion. 4. Lumbar stenosis. 5. Lumbar facet joint arthropathy. 6. Lumbar sprain/strain. 7. Exacerbation of pre-existing depression due to chronic pain. The utilization review report dated 1/27/14 denied the request for Cymbalta and Nucynta based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYMBALTA 60 MG 1 TAB P.O. Q.H.S. #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs) Page(s): 16, 17.

Decision rationale: The patient presents with chronic pain affecting the lumbar spine and sacroiliac joints. The current request is for Cymbalta 60mg 1 tab PO QHS #30. The treating

physician report dated 1/8/14 states, "I await response for my 10/11/13 appeal request for the denial of the patient's Nucynta and Cymbalta which are medically necessary to treat the patient's low back pain and sacroiliac joint pain as well as his industrially related exacerbation of his depression." The treating physician goes on to state, "The patient's pain with these medications is 5/10 on the VAS, without it is 9/10. With these medications, the patient is able to perform self care/personal hygiene, walk more than 1 block, and sit for more than 10 minutes at once, and basic home care / food preparation. The patient's UDS results are consistent with medications, the patient has an up to date pain contract. The patient displays no adverse reactions, no signs of misuse / abuse or aberrant behaviors." The MTUS Guidelines for Cymbalta states, "Duloxetine (Cymbalta): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia." In reviewing the treating physician monthly reports from 6/12/13 through 1/8/14 there is no documented complaints of depression, only a repeated impression of exacerbation of pre-existing depression due to chronic pain and a monthly prescription for Cymbalta. However, the treating physician report from 10/11/13 indicates that Cymbalta has been helpful with function and depression. Therefore the request is medically necessary.

NUCYNTA 50 MG 1 TABLET BY MOUTH (4) TIMES A DAY AS NEEDED FOR PAIN #120: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Tapentadol (Nucynta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines long-term opioid use Page(s): 88-89.

Decision rationale: The patient presents with chronic pain affecting the lumbar spine and sacroiliac joints. The current request is for Nucynta 50mg TAB PO QID PRN pain #120. The treating physician report dated 1/8/14 states, "I await response for my 10/11/13 appeal request for the denial of the patient's Nucynta and Cymbalta which are medically necessary to treat the patient's low back pain and sacroiliac joint pain as well as his industrially related exacerbation of his depression." The treating physician goes on to state, "The patient's pain with these medications is 5/10 on the VAS, without it is 9/10. With these medications, the patient is able to perform self care/personal hygiene, walk more than 1 block, and sit for more than 10 minutes at once, and basic home care / food preparation. The patient's UDS results are consistent with medications, the patient has an up to date pain contract. The patient displays no adverse reactions, no signs of misuse / abuse or aberrant behaviors." The Chronic Pain Medical Treatment Guidelines specifically address the use of opioids and the criteria for their usage. The treating physician has documented that the prescribed medication Nucynta has been instrumental in helping the patient function with ADLs, walking and reduction of pain is significant from a 9/10 to a 5/10. The Chronic Pain Medical Treatment Guidelines also state "Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The ODG

Guidelines Pain chapter regarding Nucynta states, "Recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids." The treating physician. In this case has documented that the patient was previously utilizing Hydrocodone 5/325 that was ineffective in controlling the patient's pain. The treating physician reports document that the required criteria for opioid usage has been met and ODG supports the usage of Nucynta. Therefore the request is medically necessary.