

Case Number:	CM14-0034907		
Date Assigned:	06/23/2014	Date of Injury:	03/31/2012
Decision Date:	08/21/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/20/2014

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 50-year-old male who reported an injury on 03/31/2012 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to his low back. The injured worker's chronic pain was managed with medications and a TENS unit. The injured worker was evaluated on 02/11/2014. The injured worker's medications included Norco, Cymbalta, Celebrex, Docusate, Lyrica, Famotidine, Cialis and Voltaren gel. It was noted that the injured worker participated in a home exercise program. The injured worker's treatment plan included continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

The prospective request for 1 prescription of Norco 10/325 mg. # 60: Upheld

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

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

Decision rationale: The requested 1 prescription of Norco 10/325 mg #60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids and the management of chronic pain be supported by documented

functional benefit, evidence of pain relief, managed side effects and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 12/2013. However, there is no documentation of pain relief or functional benefit related to the use of this medication. Additionally, there is no documentation that the injured worker is monitored for aberrant behavior. Furthermore, the request as it is submitted does not clearly identify the frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the perspective request for 1 prescription of Norco 10/325 mg #60 is not medically necessary or appropriate.

The prospective request for 1 prescription of Cymbalta 20 mg. # 30: 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 Medications for Chronic Pain and Anti-depressants Page(s): 60, 13.

Decision rationale: The perspective request for 1 prescription of Cymbalta 20 mg #30 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends antidepressants in the management of chronic pain as a first line treatment, however the California Medical Treatment Utilization Schedule recommends continued use of medications and the management of chronic pain be supported by documented functional benefit and evidence of pain relief. The clinical documentation submitted for review does not provide any evidence of pain relief or functional benefit resulting from medication usage. Therefore, ongoing use would not be supported. Furthermore, the request as it is submitted does not specifically identify the frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested 1 prescription of Cymbalta 20 mg #30 is not medically necessary or appropriate.

The prospective request for 1 prescription of Celebrex 200 mg. # 30: 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 Medications for Chronic pain and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60, 67.

Decision rationale: The requested Celebrex 200 mg #30 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends non-steroidal anti-inflammatory drugs as the first line medication in the management of chronic pain. However, the California Medical Treatment Utilization Schedule recommends the ongoing use of medications and the management of chronic pain be supported by documented functional benefit and evidence of pain relief. The clinical documentation submitted for review does not provide any evidence of pain relief or functional benefit resulting from medication usage.

Therefore, ongoing use would not be supported. Furthermore, the request as it is submitted does not specifically identify the frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Celebrex 200 mg #30 is not medically necessary or appropriate.

The prospective request for 1 prescription of Docusate Sodium 250 mg # 30: 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 Opioids, Initiating Therapy Page(s): 76-77.

Decision rationale: The requested Docusate sodium 250 mg #30 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend the prophylactic treatment of constipation in the management when initiated opioid therapy. However, the clinical documentation submitted for review does not provide an adequate assessment of side effects or the injured worker's gastrointestinal system to support the continued need of this medication. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the perspective request for 1 prescription of Docusate sodium 250 mg #30 is not medically necessary or appropriate.