

Case Number:	CM14-0038679		
Date Assigned:	08/06/2014	Date of Injury:	01/14/2006
Decision Date:	09/11/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/02/2014

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 & Rehabilitation 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 injured worker is a 56-year-old-female, who sustained an industrial injury on 01/14/2006. Mechanism of her injury was not indicated. Patient reports continued constant and aching bilateral shoulder pain radiating to the arms and hands. She had tenderness over the upper extremities, cervical spinous processes, and muscular region of the cervical region. She had anterior discectomy and fusion C2 to T1. On 6/18/13, she had a posterior fusion. She states she has been doing well since her cervical fusion. Examination of upper extremities reveals 4/5 strength and limited range of motion. Her neck range of motion reveals flexion/extension of 10 degrees and tilting 10 degrees. She had physical therapy every 2 weeks with home program. The patient states that her pain was not controlled with her current medications. She was recommended to continue her medications, Cymbalta, Tramadol, Celebrex, Norco, Lunesta, Nuvigil, Wellbutrin and Amrix. Diagnosis: Cervicalgia, displacement lumbar disc w/o myelopathy, pain in joint of shoulder region. Previous UR request for items non-certified are: Cymbalta 120mg #30 dos 2/28/14, Tramadol ER 300mg #30 dos 2/28/14, Celebrex 200mg #60 dos 2/28/14, Lunesta 3 mg #30 dos 2/28/14, Nuvigil 150mg #30 dispensed on 2/28/14, Wellbutrin 350mg #30 dos 2/28/14, Amrix 30mg #30 dos 2/28/14. Norco 10/325mg # 120 was modified to Norco 10/325mg # 90 to taper and discontinue on 2/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 120mg #120 DOS 2/28/14: 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 Cymbalta, V Page(s): 43.

Decision rationale: Recommended as an option in first-line treatment option in neuropathic pain. Duloxetine(Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, with effect found to be significant by the end of the first week. The medication has been found to be effective for treating fibromyalgia in women with and without depression, 60 mg once or twice daily. The FDA notes that although duloxetine was effective for reducing pain in patients with and without major depressive disorder, the degree of pain relief may have been greater in those with comorbid depression. In this case, there is limited presentation of neuropathic pain, requiring treatment with this medication. There is no documentation of major depressive disorders. Furthermore, there is little to no evidence of any significant improvement in function or pain with prior use. Therefore, the request is considered not medically necessary based on the available information and according to guidelines.

Tramadol ER 300mg #30 DOS 2/28/14: 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 Page(s): 74.

Decision rationale: According to the CA MTUS Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. A recent Cochrane review found that this drug decreased pain intensity, produced symptom relief and improved function for a time period of up to three months but the benefits were small (a 12% decrease in pain intensity from baseline). There are no long-term studies to allow for recommendations for longer than three months. There is no mention of specific indication in this injured worker. Furthermore, there is no documentation of any significant improvement in function or pain with prior use. Therefore, the medical necessity of Tramadol ER has not been established.

Celebrex 200mg #60 DOS 2/28/14: 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 Celebrex Page(s): 30.

Decision rationale: According to the CA MTUS guidelines, Celebrex is a Selective COX-2 NSAIDS. It is recommended for Relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis especially in patients at intermediate risk for GI events. The medical records do not demonstrate the medical necessity of Celebrex in this injured worker. There is no documentation of a history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or anticoagulants, or high dose of NSAIDS to warrant its use. The patient has been on Celebrex; however there is no documentation of any significant improvement in pain or function with its continuous use. Therefore, the request is considered not medically necessary according to the guidelines.

Lunesta 3mg #30 DOS 2/28/14: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

Decision rationale: MTUS guidelines do not address the issue. Per ODG guidelines, Lunesta (Eszopiclone) is a new hypnotic that is effective for treatment of insomnia of at least 6 months duration, with no evidence of tolerance, dependence or abuse. Lunesta has demonstrated reduced sleep latency and sleep maintenance. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. In this case, the clinical information is limited and there is no documentation of a thorough evaluation to rule out other etiologies of sleep disturbance. Furthermore, there is no documentation of any significant improvement with prior use. Therefore, the request is considered not medically necessary according to the guidelines.

Nuvigil 150 mg #30 DOS 2/28/14: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

Decision rationale: Nuvigil is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing, and it is noted that there should be heightened awareness for potential abuse of and dependence on this drug. Nuvigil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. There is no documentation of excessive sedation due to narcotics in this injured worker, which is not responding to dose reduction. As such, the request is considered not medically necessary according to the guidelines.

Wellbutrin 350mg #30 DOS 2/28/14: 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 <Insert Section, Bupropion Page(s): 16.

Decision rationale: Wellbutrin is a Dopamine reuptake inhibitor, which has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial. While bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. Furthermore, a recent review suggested that bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI. In this case, there is no clear evidence of neuropathic pain. There is no mention of specific indication in this injured worker. There is no documentation of any significant improvement with prior use. Thus, the request is considered not medically necessary according to the guidelines.

Amrix 30mg #30 DOS 2/28/14: 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 Cyclobenzaprine Page(s): 41.

Decision rationale: According to the guidelines, antispasmodics are used to decrease muscle spasms. Cyclobenzaprine (Amrix) is recommended as an option, using a short course. The medical records do not document the significant muscle spasm on examination. The medical records do not demonstrate the patient presented with exacerbation unresponsive to first-line interventions. Also, there is no documentation of any significant improvement with prior use. Chronic use of muscle relaxants is not recommended by the guidelines. Thus, the medical necessity of the request for Amrix is not established.

Norco 10/325mg #120 DOS 2/28/14: 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 Page(s): 74,91.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, which are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the

occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is no documentation of any significant improvement in pain or function with prior use of Norco to demonstrate the efficacy of this medication. The medical documents do not support continuation of opioid pain management. Therefore, the medical necessity for hydrocodone has not been established according to cited guidelines and lack of documentation.