

Case Number:	CM14-0039887		
Date Assigned:	06/30/2014	Date of Injury:	07/01/2003
Decision Date:	09/18/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/04/2014

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 July 1, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier lumbar laminectomy; opioid therapy; adjuvant medications; earlier lumbar fusion surgery; and various interventional spine procedures. In a Utilization Review Report dated March 18, 2014, the claims administrator partially certified a request for Norco, apparently for weaning purposes, and partially certified a request for Cymbalta to apparently reflect at one month supply of the same. The applicant's attorney subsequently appealed. In a progress note dated June 24, 2014, the applicant presented with persistent complaints of low back pain. The applicant is using Norco, Cymbalta, and Neurontin. The applicant stated that he was doing fairly well despite the chronic pain complaints. In some section of report, it was stated that the applicant had reported an increased level of activity with improved range of motion while a second section of the report stated that the applicant reported moderate level of inference with work, concentration, mood, and overall daily functioning secondary to chronic pain. The applicant was asked to continue current conservative treatments and medications. Lumbar rhizotomy procedure was sought. On June 16, 2014, the applicant reported that he had persistent complaints of the low back and bilateral leg pain. The applicant was apparently participating in aquatic therapy, it was suggested. The applicant is to continue current medications. There was no specific discussion of medication efficacy on this occasion, either. In an earlier note dated May 15, 2014, the applicant presented with low back pain radiating to the bilateral legs. It was stated that the applicant had found alternate work as a waiter and was working 25 hours a week. The applicant stated that his pain levels dropped from 9-10/10 without medications to 5/10 with medications. The applicant stated that he was able to tolerate work, mild housework, and start shopping trips with ongoing

medication usage, including ongoing Norco, Cymbalta, and Neurontin usage. Each of the above medication was refilled while SI joint injection therapy was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG # 90: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the attending provider's documentation, while, at times incongruous, does establish that the applicant has returned to part time work as a waiter, at a rate of 25 hours a week, reportedly effected and/or maintained through ongoing medication usage, including ongoing Norco usage. The applicant is reportedly able to perform some degree of housework, household chores, shop, perform exercises in a pool setting with ongoing medication usage, including ongoing Norco usage. The attending provider has reported that the applicant's pain level have likewise dropped with the medication consumption. Continuing Norco, on balance, is therefore indicated. Accordingly, the request is medically necessary.

Cymbalta 60 MG # 60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cymbalta.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine/Cymbalta section Page(s): 15.

Decision rationale: As noted on page 15 of the MTUS Chronic Pain Medical Treatment Guidelines, Cymbalta is a FDA approved in the management of anxiety, depression, diabetic neuropathy, and fibromyalgia, but can be employed off label for radiculopathy, the diagnosis reportedly present here. As with the request for Norco, the applicant has demonstrated medication efficacy with ongoing medication usage, including ongoing Cymbalta usage. Specifically, the applicant has returned to and/or maintained successful return to work status as a waiter, at a rate of 25 hours per week. The applicant's ability to perform household chores, shop, and perform home exercises has reportedly been ameliorated as a result of ongoing Cymbalta usage. Continuing the same, thus, on balance, is indicated. Therefore, the request is medically necessary.

