

Case Number:	CM14-0040333		
Date Assigned:	06/20/2014	Date of Injury:	06/02/1988
Decision Date:	07/17/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/10/2014

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 and is licensed to practice in Texas and Oklahoma. 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 51-year-old male with a reported date of injury on 06/02/1988. The mechanism of injury was noted to be a fall through the roof. His diagnoses were noted to include lumbar postlaminectomy syndrome and lumbar/thoracic radiculopathy. His previous treatments were noted to include spinal cord stimulator, TENS (Transcutaneous Electrical Nerve Stimulation) unit, medications, surgery, epidural injections, physical therapy, facet injections, and trigger point injections. The progress note dated 05/14/2014 reported the injured worker described his pain as throbbing, shooting, stabbing, sharp, cramping, hot/burning, aching, tingling, numbness, dull, pins and needles, and radiating. The physical examination showed tenderness to the paravertebral muscles bilaterally and a limited range of motion. There was a negative straight leg raise, normal sensory to the lower extremities, and normal strength bilaterally, and diminished patellar Achilles to the left. The progress note reported an Ohio automated prescription reporting system was performed on 01/14/2014 and was consistent with the prescription therapy. The Request for Authorization form dated 06/16/2014 is for Norco 7.5/325 mg twice a day for breakthrough pain during periods of breakthrough pain and Cymbalta 60 mg daily for neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS FOR PAIN Page(s): 63.

Decision rationale: The injured worker was shown to have tenderness to the paravertebral muscle bilaterally. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they showed no benefit beyond Non-Steroid Anti-Inflammatory Drugs (NSAIDs) in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker has been on Zanaflex since 05/2013. The injured worker has been on this medication for well over 6 months and it is not recommended by the guidelines for long term utilization. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request of Zanaflex 4mg #60 is not medically necessary and appropriate.

Norco 7.5/325mg #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 injured worker has been taking this medication since 12/2012. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state the 4 As for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be assessed. There is a lack of documentation regarding decreased pain on a numerical scale as well a lack of documentation regarding improved functional status with activities of daily living or side effects. The documentation indicated the injured worker had a urine drug screen in 10/2013 which was consistent for morphine and hydrocodone. Therefore, due to the lack of evidence of significant pain relief, increased function, side effects, and without details regarding a current urine drug screen to verify appropriate medication use and the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request for Norco 7.5/325mg #60 is not medically necessary and appropriate.

Cymbalta 60mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-DEPRESSANTS FOR CHRONIC PAIN Page(s): 13, 15.

Decision rationale: The injured worker has been taking this medication since 08/2013. The California Chronic Pain Medical Treatment Guidelines recommend antidepressants as a first line option for neuropathic pain, and a possible for nonneuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia usually occurs within a few days to a week, whereas antidepressant effect takes longer to occur. The guidelines state assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects including successive sedation should be assessed. The guidelines state Cymbalta is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. There is no high-quality evidence reported to support the use of Cymbalta for lumbar radiculopathy. More studies are needed to determine the efficacy of Cymbalta for other types of neuropathic pain. There is a lack of documentation regarding efficacy of this medication and the guidelines state there is no high quality evidence reported to support the use of Cymbalta for lumbar radiculopathy. Additionally, the request failed to provide the frequency at which this medication was to be utilized. Therefore, the request for Cymbalta 60mg #30 is not medically necessary and appropriate.