

Case Number:	CM14-0048843		
Date Assigned:	06/25/2014	Date of Injury:	12/02/1987
Decision Date:	07/28/2014	UR Denial Date:	03/08/2014
Priority:	Standard	Application Received:	03/27/2014

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 Family Medicine and is licensed to practice New Jersey. 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 worker is a 57 year old male who was injured on 12/2/87. He was diagnosed with depression related to chronic pain, cervical degenerative disc disease, back pain, hypertension, myofascial neck pain, insomnia related to his chronic pain, and surgery (specifics unknown). He was treated with opioids, anti-depressants, proton pump inhibitors, and laxatives at least since June 2013. It is unknown what other treatments were prior to this time. On 2/11/14 the worker saw his pain specialist as he usually did on a monthly basis and reported to his physician that he had back pain (6/10 on the pain scale), yet reported that his medications collectively effectively managed his pain and improved his daily function, according to the progress note. He also denied any side effects or problems with sedation or constipation with the medications prescribed to him which included Cymbalta, Dexilant, Duragesic, Hydrocodone-acetaminophen, Senokot, and Trazodone. He also reported using cigarettes regularly. He was recommended to continue his medications with follow-up in 4 weeks. His pain specialist also advised the worker to begin finding a new pain specialist as the current pain specialist was to close his medical practice in April 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60 mg #28 with three (3) refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Duloxetine Page(s): 13-16, 43.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that antidepressants used for chronic pain may be used as a first line option for neuropathic pain and possibly for non-neuropathic pain. Tricyclics are generally considered first-line within the antidepressant choices, unless they are not effective, poorly tolerated, or contraindicated. A trial of 1 week should be long enough to determine efficacy for analgesia and 4 weeks for antidepressant effects. Documentation of functional and pain outcomes is required for continuation as well as an assessment of sleep quality and duration, psychological health, and side effects. It has been suggested that if pain has been in remission for 3-6 months while taking an anti-depressant, a gradual tapering may be attempted. 43. Duloxetine, a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI) specifically is recommended by the MTUS as a first-line treatment option for neuropathic pain. It is not to be used by those with hepatic insufficiency or substantial alcohol use. It may be used for the treatment of depression, anxiety, fibromyalgia, and neuropathic pain. In the case of this worker, he had been using Cymbalta for months leading up to the refill request with no reported complaints of this medication not treating his depression effectively. I disagree with the prior reviewer in that if this medication seems to be warranted and appropriate for this worker, it likely will continue to be so over the course of 4 months, which was the requested amount of medication. A one month supply restriction isn't required here. Also, the larger supply seems pertinent here as his physician is closing his practice and a larger supply of medication would allow the worker to have time to find another specialist to follow him without a gap in his prescriptions. Therefore the request for Cymbalta 60 mg #28 with 3 refills is medically necessary and appropriate at this time.

Dexilant 30 mg #28 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, there was no evidence that the patient was using NSAIDs or had a high risk of gastrointestinal events, based on the documents provided for review. If the worker had gastritis related to his medication use, then less strong medications such as H2 blockers or other antacids as needed would be more appropriate in order to avoid the long-term risks associated with proton pump inhibitors, including pneumonia and bone loss. Therefore, the Dexilant is not medically necessary.

Senokot #56: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Guideline Clearinghouse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, Opioid-induced constipation treatment and Other Medical Treatment Guideline or Medical Evidence: Medscape: Senokot (<http://reference.medscape.com/drug/senokot-exlax-regular-strength-senna-342030>).

Decision rationale: The MTUS Chronic Pain Guidelines discuss very little about medication use for constipation besides the recommendation to consider treating constipation when initiating opioids. The ODG states that first line therapy for constipation related to opioid use should begin with physical activity, staying hydrated by drinking enough water, and eating a proper diet rich in fiber. Other food-based supplements such as eating prunes (or drinking prune juice) or fiber supplements may be attempted secondarily. If these strategies have been exhausted and the patient still has constipation, then using laxatives as needed may be considered. Senokot is senna, a stimulant laxative used for constipation. It is indicated for short-term use, up to 1 week. Stimulant laxatives can lead to dependence and should not be used chronically, if possible. In the case of this worker, it is not known exactly how he used this medication (daily or only as needed). Since refills had been recommended regularly, it seems that he used it daily, which is not recommended. There was also no evidence of the worker using lifestyle strategies to help reduce constipation without using this laxative. Therefore, the Senokot is not medically necessary.