

Case Number:	CM14-0050472		
Date Assigned:	07/09/2014	Date of Injury:	05/08/2001
Decision Date:	08/28/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/18/2014

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 Nevada. 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 records, presented for review, indicate that this 67-year-old male was reportedly injured on 5/8/2001. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 3/24/2014, indicated that there were ongoing complaints of chronic low back pain that radiated to the bilateral lower extremities. The physical examination demonstrated the patient with an antalgic gait. The patient's cervical spine had decreased range of motion and diffuse tenderness along the trapezius and scapula. The lumbar spine had decrease range of motion and positive tenderness in the paraspinal muscles. Motor and sensory intact were within normal limits. No recent diagnostic studies are available for review. Previous treatment included medication and conservative treatment. A request had been made for Cymbalta 60mg #30, Hydrocodone/Acetaminophen 10/325mg #120, Trazodone 50mg #60 and was not certified in the pre-authorization process on 4/3/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78.

Decision rationale: Cymbalta is a selective serotonin and norepinephrine reuptake inhibitor. It is recommended as a first-line option for diabetic neuropathy. Though increasing off label use of this medication exists for various pain syndromes, the current clinical indication is for anxiety, depression, diabetic neuropathy, and fibromyalgia. When noting that the record did not reflect that the claimant has any of these conditions, then there would be no clinical indication to support the use of Cymbalta. Therefore, this request is considered not medically necessary.

Hydrocodone-Acetaminophen 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short-acting opioid combined with Acetaminophen. The California MTUS supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there was no clinical documentation of improvement in the pain or function with the current regimen. As such, this request is not considered medically necessary.

Hydrocodone-Acetaminophen 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short-acting opioid combined with Acetaminophen. The California MTUS supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there was no clinical documentation of improvement in the pain or function with the current regimen. As such, this request is not considered medically necessary.

Trazodone 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

Decision rationale: Trazodone is an antidepressant classified as a serotonin antagonist reuptake inhibitor with anti-anxiety and sleep inducing activity. The record noted the claimant was diagnosed with depression and sleep disturbances had been documented in the medical records. There were clinical documentation notes that revealed this medication was being used to treat these conditions. There was a clinical indication for the use of this medication. After review of the utilization review dated 4/3/2014, it was noted a prescription for this medication was authorized. Therefore, a duplicate authorization is not necessary. This request is deemed not medically necessary.