

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0057550 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 03/13/2005 |
| Decision Date: | 07/29/2014 | UR Denial Date: | 03/27/2014 |
| Priority: | Standard | Application Received: | 04/28/2014 |

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 claimant was injured on 03/13/05. [REDACTED] stated on 12/18/13 that Cymbalta helped his pain. He needed to reduce his medications. His other medication use was not described. His medications are under review. He is being treated for low back pain due to lumbar degenerative disc disease and spinal stenosis. He saw [REDACTED] on 02/10/14. He was about the same. His upper back burning was hot but not painful and it was controlled with medication. The pain in his low back does not go away. He needs to reduce his medications. His medications included cyclobenzaprine, hydrocodone/acetaminophen 5/325, zolpidem, hydrocodone with acetaminophen 5/500, and Cymbalta 60 mg. He received 5 refills of his medications. The assessment was mild disc bulge at L1-2 with degenerative disc disease and spinal stenosis. On 03/24/14, he stated he was unable to get his medications. The Cymbalta helped him to function and cook and clean at home. It helped calm down his stomach acid. The hydrocodone helped to control his pain but since it was discontinued he needed a new prescription. He was on hydrocodone 5/500 but this was no longer made. The gabapentin decreased the burning and helped him sleep at night. He received multiple refills of his medications again. The diagnoses were the same. He had muscle spasms and tightness with straight leg raise test. His reflexes were decreased at the Achilles compared to the patellar tendon. MRI was remarkable for a disc bulge with mild neuroforaminal narrowing. He stated his medications helped him to function and do his ADLs and helped with his pain. He has reached maximum medical improvement. He saw [REDACTED] on 04/20/11. He was status post an epidural steroid injection which only gave him relief for 1 or 2 days. He was using hydrocodone in 2009. He was on the same medications in December 2013. He also saw a chiropractor but did not seem to benefit from it. On 06/10/14, he saw [REDACTED] and had low back pain. His whole body hurt and he was constipated. Part of his body was numb. He also had insomnia and difficulty concentrating. When he forgets to

take the laxative he has rectal bleeding. He has to constantly change position. Again he needed to decrease his medications. He was prescribed flurazepam, gabapentin, hydrocodone/acetaminophen 3/325, polyethylene glycol, hydrocodone/acetaminophen 5/500, Dexilant, and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta DR 60 mg, QTY: 30 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine Page(s): 77.

Decision rationale: The MTUS state "Duloxetine (Cymbalta) may be 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 week 1 (effect measured as a 30% reduction in baseline pain). The starting dose is 20-60 mg/day, and no advantage has been found by increasing the dose to twice a day, except in fibromyalgia. The medication has been found to be effective for treating fibromyalgia in women with and without depression, 60 mg once or twice daily. (Arnold, 2005) The most frequent side effects include nausea, dizziness and fatigue. GI symptoms are more common early in treatment." In this case, there is no evidence of a medical condition causing neuropathic pain and no evidence of depression or anxiety. The claimant's pattern of use of this medication is unclear, including how often he takes it and how it has been determined that it is helping him to function better. The MTUS also state "Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. (Mens 2005)". The medical necessity of the ongoing use of this medication has not been clearly demonstrated. It also appears that multiple refills have been given at appointments that are only a few weeks apart. Therefore, the request is not medically necessary.

Gabapentin 300 mg, QTY: 180 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines gabapentin Page(s): 83.

Decision rationale: The MTUS state "gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." The MTUS also state "Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. (Mens 2005)". Also, it appears that the claimant has received multiple refills at visits that are only a few weeks apart. There is no clear evidence of a neuropathic diagnosis or how neuropathic pain has been diagnosed and the medical necessity of ongoing use of this medication has not been demonstrated. Therefore, the request is not medically necessary.

Hydrocodone/Acetaminophen 10/325 mg, QTY: 60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 110.

Decision rationale: The MTUS outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. MTUS further explains, "pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that he has been involved in an ongoing rehab program to help maintain any benefits he receives from treatment measures. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The claimant's pattern of use of this medication is unclear. There is no evidence of periodic urine drug tests being done, a signed pain agreement on file at the provider's office, or that a pain diary has been recommended. As such, the medical necessity of the ongoing use of hydrocodone/APAP 10/325 mg #60 with 5 refills has not been clearly demonstrated. It appears that the claimant has received multiple refills of this medication at office visits that are only a few weeks apart.

Weaning should be recommended, however, due to the history of prolonged use. Therefore, the request is not medically necessary.