

Case Number:	CM14-0070000		
Date Assigned:	08/08/2014	Date of Injury:	07/29/2009
Decision Date:	09/22/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/15/2014

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 Anesthesiology; has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 58-year-old female who has submitted a claim for chronic pain syndrome, cervical spine degenerative disc disease, and constipation, depressive disorder not otherwise specified, and sleep disorder associated with an industrial injury date of 7/29/2009. Medical records from 2013 to 2014 were reviewed. Patient complained of neck pain without relief from present medications. Patient denied numbness, tingling sensation, and weakness. Patient likewise reported constipation secondary to opioids. Patient denied any significant abdominal pain. Patient likewise experienced headaches, feelings of depression, sleep difficulty, and anxiety. Physical examination of the cervical spine showed tenderness but without muscle spasm. Mental status exam showed that patient was responsive, made good eye contact, cooperative, without evidence of hallucinations. Her cognitive function was somewhat diminished due to pain. Her affect appeared flat and she became tearful during the consultation. There was evidence of suicidal ideation without intent or plan. Range of motion was normal. Urine drug screen from 4/5/2014, 3/20/2014, and 2/12/2014 showed positive levels for clonazepam, oxycodone, oxymorphone, and meprobamate. Epworth Sleepiness Scale was measured with a grade of 4 indicating adequate restorative sleep. Treatment to date has included cervical epidural steroid injection, chiropractic care, acupuncture, physical therapy, and medications such as Percocet, naproxen, Cymbalta, Promolaxin, Prilosec, and topical creams. Utilization review from 4/25/2014 denied the requests for Percocet, Cymbalta, Prilosec, Flurbiprofen/Gabapentin/Lidocaine, and Tramadol/Baclofen; and modified the requests for Duloxetine and Promolaxin. Reasons for denial / modification were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

Decision rationale: Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI). Pages 43-44 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that duloxetine is recommended as an option in first-line treatment option in neuropathic pain, as well as depression. In this case, patient had been on duloxetine since 2013. However, clinical manifestations were not consistent with neuropathy to warrant duloxetine. Nevertheless, patient likewise reported feelings of depression, sleep difficulty, and anxiety. Medical records submitted and reviewed failed to provide evidence of symptom relief and functional improvement attributed to its use. Moreover, the request failed to specify dosage and quantity to be dispensed. In addition, there is a simultaneous request for Cymbalta. The request is incomplete; therefore, the request for duloxetine is not medically necessary.

Percocet: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Percocet since 2013. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. The request likewise failed to specify dosage and quantity to be dispensed. Therefore, the request for Percocet is not medically necessary.

Cymbalta: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

Decision rationale: Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI). Pages 43-44 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that duloxetine is recommended as an option in first-line treatment option in neuropathic pain, as well as depression. In this case, patient had been on duloxetine since 2013. However, clinical manifestations were not consistent with neuropathy to warrant duloxetine. Nevertheless, patient likewise reported feelings of depression, sleep difficulty, and anxiety. Medical records submitted and reviewed failed to provide evidence of symptom relief and functional improvement attributed to its use. Moreover, the request failed to specify dosage and quantity to be dispensed. In addition, there is a simultaneous request for duloxetine. The request is incomplete; therefore, the request for Cymbalta is not medically necessary.

Promolaxin: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

Decision rationale: Page 77 of CA MTUS Chronic Pain Medical Treatment Guidelines states that with opioid therapy, prophylactic treatment of constipation should be initiated. Docusate is a stool softener. In this case, the patient has been on chronic opioid therapy, i.e., Percocet, since 2013. Patient complained of constipation, hence, the medical necessity for prescribing docusate had been established. However, simultaneous request for Percocet had been non-certified. There is no clear indication for docusate at this time. Moreover, the request failed to specify dosage and quantity to be dispensed. Therefore, the request for Promolaxin is not medically necessary.

Prilosec: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient has been on Prilosec since 2013. However, there was no subjective report of heartburn, epigastric burning sensation or any other gastrointestinal symptoms that may

corroborate the necessity of this medication. Furthermore, patient did not meet any of the aforementioned risk factors. The guideline criteria were not met. Lastly, the request failed to specify quantity to be dispensed. Therefore, the request for Prilosec is not medically necessary.

Flurbiprofen/Gabapentin/Lidocaine rub: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. In addition, there is little to no research as for the use of flurbiprofen in compounded products. CA MTUS does not support the use of opioid medications and gabapentin in a topical formulation. Topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains Flurbiprofen, gabapentin, and lidocaine that are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the request for Flurbiprofen/Gabapentin/Lidocaine is not medically necessary.

Tramadol/Baclofen rub: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. The topical formulation of tramadol does not show consistent efficacy. Baclofen is not recommended for use as a topical analgesic. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains tramadol and baclofen that are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the request for tramadol / baclofen is not medically necessary.