

Case Number:	CM14-0070178		
Date Assigned:	07/14/2014	Date of Injury:	04/19/2013
Decision Date:	08/25/2014	UR Denial Date:	05/05/2014
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 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 37 year old male was reportedly injured on April 19, 2013. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated May 23, 2014, indicates that there are ongoing complaints of low back pain. Current medications are stated to reduce pain from 10/10 to 8/10. No side effects were reported. The physical examination demonstrated decreased lumbar spine range of motion and a positive left and right side straight leg raise test. There was tenderness over the thoracic paraspinal muscles but none was found over the lumbar paraspinals. There was a normal lower extremity neurological examination. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes physical therapy. A request was made for Norco, Cymbalta, Ultram, and Neurontin and was not certified in the pre-authorization process on May 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg-325mg, QTY:90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91, 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back - Lumbar & Thoracic (updated 03/31/2014).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 -9792.26. MTUS (Effective July 18, 2009) Page(s): 74-78 of 127.

Decision rationale: Norco (Hydrocodone/acetaminophen) California Medical Treatment Utilization Schedule (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, only states medication reduces the pain level to 8/10. Additionally there is no documentation that this medication helps with his ability to function. As such, this request for Norco is not considered medically necessary.

Cymbalta 30mg DR, QTY:30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Duloxetine (Cymbalta): Antidepressants Page(s): 15-16, 43-44, 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back - Lumbar and Thoracic(updated 03/31/2014), Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 74, 78, 93 of 12.

Decision rationale: Cymbalta (Duloxetine) 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 does not reflect that the injured employee has any of these conditions, then there would be no clinical indication to support the use of Cymbalta. Furthermore there is no documentation of a neuropathy on physical examination. Considering request for Cymbalta is not medically necessary.

Ultram 50mg, QTY:120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 74-78 of 127.

Decision rationale: Ultram (tramadol) is a short-acting opioid pain medication. The California Medical Treatment Utilization Schedule (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, only states medication reduces the pain

level to 8/10. Additionally there is no documentation that this medication helps with his ability to function. As such, this request for Ultram is not considered medically necessary.

Neurontin 300mg, QTY:90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Anti-epilepsy drugs(AEDS) Page(s): 18-19, 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/Disability Duration Guidelines : Low Back - Lumbar & Thoracic(updated 03/31/2014).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16-20, 49 of 127.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines considers Neurontin to be a first line treatment for neuropathic pain. Based on the clinical documentation provided, there is no evidence that the injured employee experiences neuropathic pain or any symptoms. As such, this request for Neurontin is not medically necessary.