

Case Number:	CM14-0071046		
Date Assigned:	07/14/2014	Date of Injury:	04/16/2003
Decision Date:	08/15/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/16/2014

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 4/16/03. A utilization review determination dated 4/17/14 recommends non-certification of Nucynta, Cymbalta, Lyrica, Cialis, and tizanidine. 4/7/14 medical report identifies that medications relieve symptoms by over 50%. On exam, there is antalgic gait, tenderness, limited Range of Motion (ROM), and muscle spasms. Numbness was said to measure 4 in bilateral L4, L5, and S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta IR 50mg, #120: Upheld

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

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): 76-79, 120.

Decision rationale: Regarding the request for Nucynta, CA MTUS cites that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and

pain. Within the documentation available for review, the patient is said to get 50% relief of symptoms from medication use, but there is no indication that the Nucynta is improving the patient's function and no documentation regarding appropriate medication use and side effects. Opioids should not be abruptly stopped; however, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Nucynta is not medically necessary and appropriate.

Tizanidine 2mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs.

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): 63-66.

Decision rationale: Regarding the request for tizanidine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of objective functional improvement as a result of the medication and it does not appear that it is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested tizanidine is not medically necessary and appropriate.

Cialis 20mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Library of Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: J Adv Pharm Technol Res. 2010 Jul-Sep; 1(3): 297-301, <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a604008.html>.

Decision rationale: Regarding the request for Cialis, CA MTUS and ODG do not specifically address the issue. The National Library of Medicine indicates that it is used to treat erectile dysfunction and the symptoms of benign prostatic hyperplasia which include difficulty urinating (hesitation, dribbling, weak stream, and incomplete bladder emptying), painful urination, and urinary frequency and urgency in adult men. Within the documentation available for review, there are no recent complaints of ongoing erectile dysfunction or symptoms of BPH. Additionally, there is no documentation indicating how the patient has responded to treatment with Cialis. Furthermore, there is no documentation indicating that an adequate and thorough workup to determine the etiology of the patient's erectile dysfunction and/or BPH has been performed. In the absence of such documentation, the currently requested Cialis is not medically necessary and appropriate.

Lyrica 25mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

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): 16-21.

Decision rationale: Regarding the request for Lyrica, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, the patient's symptoms are said to be relieved by 50% with the medications in general, but there is no identification of any specific analgesic improvement in neuropathic symptoms from the use of Lyrica, and there is no documentation of specific objective functional improvement. In the absence of such documentation, the currently requested Lyrica is not medically necessary and appropriate.

Cymbalta 20mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 13-16.

Decision rationale: Regarding the request for Cymbalta, guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, the patient's symptoms are said to be relieved by 50% with the medications in general, but there is no identification of any specific analgesic improvement in neuropathic symptoms from the use of Cymbalta and there is no identification of any objective functional improvement, reduction in opiate medication use, or improvement in psychological well-being. In the absence of clarity such documentation, the currently requested Cymbalta is not medically necessary and appropriate.