MAXIMUS Federal Services

Case Number:	CM14-0071067		
Date Assigned:	07/14/2014	Date of Injury:	05/24/2002
Decision Date:	08/13/2014	UR Denial Date:	04/23/2014
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 and Pain Medicine, and is licensed to practice in Texas. 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 injured worker is a 51-year-old male who sustained an injury on 05/25/02. No specific mechanism of injury was noted. The injured worker has been followed for ongoing complaints of chronic low back pain stemming from a prior extensive surgical history to include multi-level lumbar fusion. The injured worker has been followed by pain management and has utilized multiple medications for chronic pain to include Norco 10/325mg, Cymbalta 60mg, Lunesta 3mg, Kadian 20mg and Senna for constipation prophylaxis. The clinical report from 01/15/14 noted ongoing complaints of low back pain. The injured worker had been able to decrease his rate of Norco use from 4 a day to 3 per day. The injured worker's physical examination noted continuing restricted range of motion in the lumbar spine with tenderness to palpation. There was decreased sensation to light touch through the lower extremities. The injured worker had not received additional prescriptions for Kadian and was utilizing leftover medications. The injured worker was recommended to continue Norco at three per day and Kadian once per day. Follow up on 02/12/14 noted no change in the injured worker's pain scores, which were not specifically documented. The injured worker was utilizing Kadian 1-2 tablets per day depending on the level of pain. Physical examination findings were unchanged at this evaluation. Without medication, the injured worker felt that his pain would be severe, 7/10 on the visual analog scale. The injured worker reported more than 50% relief with medications to the point where he was able to perform normal activities of daily living and care for his father. The injured worker felt that without medications he would be bedridden. Follow up on 04/02/14 reported no change in the injured worker's levels of pain. Medications remained unchanged and no changes in physical examination were noted. Silenor but the injured worker was recommended to continue Cymbalta, Norco, Kadian and Lunesta. Follow up on 05/07/14 noted the injured worker continued to have unchanged levels of pain. The injured worker felt that his medications were working well and

there were no side effects reported with medications. Physical examination noted no change for range of motion or tenderness to palpation previously reported. There continued to be decreased sensation to light touch in the lower extremities. The injured worker continued to report more functional ability with the use of medications with more than 50% relief obtained with Norco and Kadian for pain control. The injured worker again indicated that without medications he would be effectively bedridden. The requested Cymbalta 60mg, quantity 30 with 5 refills, Norco 10/325mg, quantity 90, Kadian 20mg, quantity 60, and Lunesta 3mg, quantity 30 were all not granted by utilization review on 04/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Cymbalta 60mg #30 with 5 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

Decision rationale: The clinical documentation provided for review did establish a diagnosis of chronic pain stemming from multiple lumbar surgical procedures. To date, the injured worker does have continuing sensory changes in the lower extremities. Per guidelines, Cymbalta is a recommended first line antidepressant medication utilized for the treatment of both chronic musculoskeletal complaints as well as neuropathic symptoms. Given the injured worker's persistent neuropathic complaints as well as chronic pain, this reviewer would have recommended the continuing use of Cymbalta as medically necessary. The injured worker did report significant response to the medication with overall reduced levels of pain utilizing this medication. In regards to the request for Cymbalta 60mg, quantity 30 with 5 refills, this reviewer would have recommended this medication as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. Therefore, the request is medically necessary.

1 Prescription of Norco 10/325mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: The clinical documentation submitted for review did note more than 50% relief with the use of Norco as a breakthrough pain medication. The injured worker was able to reduce Norco as instructed down to three tablets per day. There were no issues with compliance in the medical records or evidence for concerns regarding abuse or diversion. The injured worker did describe improved functional ability with the use of this medication to the point where he

could perform normal activities of daily living. Without this medication, the injured worker felt that he was bedridden. Given the clear evidence regarding functional benefit and pain reduction as well as the lack of any indication regarding compliance issues, this reviewer would have recommended Norco 10/325mg, quantity 90 as medically appropriate. Therefore, the request is medically necessary.

1 Prescription of Kadian 20mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: The clinical documentation submitted for review did note more than 50% relief with the use of Kadian as a baseline pain medication. There were no issues with compliance in the medical records or evidence for concerns regarding abuse or diversion. The injured worker did describe improved functional ability with the use of this medication to the point where he could perform normal activities of daily living. Without this medication, the injured worker felt that he was bedridden. Given the clear evidence regarding functional benefit and pain reduction as well as the lack of any indication regarding compliance issues, this reviewer would have recommended Kadian 20mg quantity 60 as medically appropriate. Therefore, the request is medically necessary.

1 Prescription of Lunesta 3mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia Treatment.

Decision rationale: The injured worker was utilizing Lunesta to address sleep issues. There is no clear indication that Lunesta was beneficial in regards to the injured worker's sleep hygiene. No documentation regarding insomnia sleep index scores were provided showing improvement with the use of Lunesta. Furthermore, guidelines do not recommend extended periods of medication use to address insomnia. In regards to the request for Lunesta 3mg, quantity 30, this reviewer would not have recommended this medication as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. Therefore, the request is not medically necessary.