

Case Number:	CM14-0074311		
Date Assigned:	07/23/2014	Date of Injury:	12/03/2007
Decision Date:	09/17/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/21/2014

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 patient is a 63-year-old, who has submitted a claim for chronic pain syndrome associated with cervical and lumbosacral spondylosis associated with an industrial injury date of December 14, 2007. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of chronic neck and lower back pain. Physical examination revealed tenderness over the paravertebral muscles of both the cervical and lumbar spine. Pain and firmness in the trapezius muscles are also noted. There is facet tenderness over the left lower lumbar facets more so than the right. Treatment to date has included oral medications, radiofrequency lesioning procedures, physical therapy and chiropractic treatments. Utilization review from May 14, 2014 modified the request for Percocet 10/325 MG # 120, 3 refills to #90 to initiate weaning process. The same review modified the request for Cymbalta 60 MG # 30 with three refills to #30 two refills to closely monitor efficacy and patient compliance. Lastly, the same review denied the request for Naprosyn 500 MG # 60, 3 refills however guidelines do not recommend NSAIDs to patients with hypertension, therefore, medical necessity for this medication was not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg, 120 count with three refills: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) 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 taking Percocet since at least August 2013. Documentation submitted failed to present specific measures of analgesia, functional improvements and improvements in activities of daily living. Urinary drug screen results were also not documented. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Percocet 10/325 mg, 120 count with three refills, is not medically necessary or appropriate.

Naprosyn 500 mg, sixty count with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, non-steroid anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In this case, the patient has been on Naprosyn since at least August 2013, which is beyond what the guidelines suggest. Patient also had episodes of elevated blood pressure readings in several patient visits. In addition, documents submitted and reviewed did not show continued effective analgesia and continued functional benefit. Therefore, the request for Naprosyn 500 mg, sixty count with three refills, is not medically necessary or appropriate.

Cymbalta 60 mg, thirty count with three refills:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressant for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 15-16.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, it states that Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and

fibromyalgia; is used off-label for neuropathic pain and radiculopathy, and is recommended as a first-line option for diabetic neuropathy. In this case, the patient has been taking Cymbalta since at least August 2013. However, there was no clear indication for its use. There is likewise no objective evidence of functional improvement derived from Cymbalta. The medical necessity cannot be established. Therefore, the request for Cymbalta 60 mg, thirty count with three refills, is not medically necessary or appropriate.