

Case Number:	CM14-0098806		
Date Assigned:	07/28/2014	Date of Injury:	05/26/2005
Decision Date:	08/29/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/27/2014

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 Illinois. 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 53-year-old male with a reported date of injury on 05/26/2005. The mechanism of injury was not provided within the documentation available for review. The injured worker's diagnosis included cervical degenerative disc disease, degenerative joint disease, cumulative trauma with canal stenosis and intermittent radiculopathy, post-traumatic migraine headaches, lumbar sprain and strain, lumbar degenerative disc disease, and degenerative joint disease. Previous conservative care included psychotherapy and activity modification, as well as heat and ice. Diagnostic studies were not provided within the documentation available for review. The injured worker presented with neck pain, rated at 3-4/10. The injured worker complained of pain in both arms with tingling in hands and fingers. The injured worker's medication regimen included Cymbalta, Norco, and Lorazepam. The injured worker's treatment plan included a referral for a psychologist for insight into chronic pain. The rationale for the request was not provided within the documentation available for review. The Request for Authorization for massage therapy, 1 for cervical spine, quantity 6, and Hydrocodone 10/325 mg #120, Lorazepam 0.5 mg #20, and Cymbalta 20 mg #60 was submitted on 06/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy one for the cervical spine quantity six: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage, page(s) 60 Page(s): 60.

Decision rationale: The California MTUS Guidelines recommend massage therapy as an option as indicated. This treatment should be an adjunct to other recommended treatment (exercise), and it should be limited to 4 to 6 visits in most cases. Massage is a passive intervention, and treatment dependence should be avoided. The rationale for the request was not provided within the documentation available for review. The clinical note dated 04/07/2014 indicates the injured worker is hesitant on activities and exercise. There was a lack of documentation related to massage therapy in adjunct to other recommended treatments (exercise). There is a lack of documentation related to the injured worker's functional deficits to include range of motion values in degrees and the utilization of a VAS pain scale. Therefore, the request for massage therapy, one for the cervical spine, quantity 6, is not medically necessary.

Hydrocodone 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management, page(s) 78 Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The clinical information provided for review indicates that the injured worker has utilized Norco prior to 09/13/2013. There is a lack of documentation related to the injured worker's functional deficits to include range of motion values and the utilization of VAS pain scale. There is a lack of documentation related to the therapeutic and functional benefit and the long-term use of Norco or Hydrocodone. In addition, the clinical information provided for review lacks documentation related to review of pain relief, functional status, appropriate medication use, and side effects. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for Hydrocodone 10/325 mg #120 is not medically necessary.

Lorazepam 0.5 mg #20 times one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page(s) 24 Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend benzodiazepines for long-term use because long-term effectiveness is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxants. Chronic benzodiazepines are the treatment of choice in very few patients. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. According to the clinical documentation provided for review, the injured worker has utilized Ativan prior to 09/13/2013. There is a lack of documentation related to the therapeutic and functional benefit in the ongoing use of Ativan or Lorazepam. In addition, the guidelines do not recommend benzodiazepines for long-term use. Most guidelines limit use to 4 weeks. Therefore, the request for continued use of Lorazepam exceeds the recommended guidelines. In addition, the request as submitted fails to provide frequency and duration for use. Therefore, the request for Lorazepam 0.5 mg #20 x1 refill is not medically necessary.

Cymbalta 30 mg #60 times four refills: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that Cymbalta is recommended as an option in first-line treatment for neuropathic pain. Cymbalta has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic painful neuropathy, with effect found to be significant by the end of week 1. The clinical note dated 04/07/2014 indicates the physician requested Cymbalta for the use of chronic pain and to reduce Norco and Lorazepam. There is a lack of documentation related to the injured worker's functional deficits to include range of motion in degrees and the utilization of a VAS pain scale. There is a lack of documentation related to neuropathic pain or diabetic neuropathy. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for Cymbalta 30 mg #60 x4 refills is not medically necessary.