

Case Number:	CM14-0183579		
Date Assigned:	11/10/2014	Date of Injury:	12/18/2001
Decision Date:	01/02/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/05/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 66-year-old female with a 12/18/01 date of injury. The patient underwent laminectomy and anterior fusion L4-S1 in 2004 and anterior decompression C4-C7 on 5/8/12. The patient was seen on 11/4/14 with complaints of continued back pain radiating down to the left lower extremity. The progress note stated that the patient's pain was "somewhat less" with Cymbalta and the patient denied sedation from the medications. Exam findings revealed that the patient was awake and alert, her speech was normal and the patient sat with some discomfort. The physical examination was unchanged from the last visit. The diagnosis is sciatica, lumbago and migraine headaches. Treatment to date: laminectomy and anterior fusion L4-S1, anterior decompression C4-C7, physical therapy, occipital blocks and mediations. An adverse determination was received on 10/21/14. The request for Cymbalta 30mg #90 [3 QHS] x 1 refill was modified to #90 with no refills for a lack of functional improvement. The request for Norco 5/325mg #60 [1 BID PRN] x 1 refill was modified to #60 with no refills for a lack of functional benefit, signed pain contract and current UDS test. The request for Pain Evaluation Left L2-3 Epidural or Facet Block was certified for a left L2-L3 epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #90 [3 QHS] x 1 refill: 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): 15-16.

Decision rationale: CA MTUS 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. The progress note dated 11/4/14 stated that the patient's pain was "somewhat less" with Cymbalta. However, there is a lack of documentation indicating objective functional gains from prior use. In addition, the patient's pain improvement on the VAS scale was not documented. Lastly, the UR decision dated 10/21/14 modified the request for Cymbalta 30mg #90 [3 QHS] x 1 refill to #90 with no refills and weaning was recommended. Therefore, the request for Cymbalta 30mg #90 [3 QHS] x 1 refill to #90 was not medically necessary.

Norco 5/325mg #60 [1 BID PRN] x 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2001 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. In addition, the recent UDS test was not available for the review. Lastly, the UR decision dated 10/21/14 modified the request for Norco 5/325mg #60 [1 BID PRN] x 1 refill to #60 with no refills and weaning was recommended. Therefore, the request for Norco 5/325mg #60 [1 BID PRN] x 1 refill was not medically necessary.

Pain Evaluation Left L2-3 Epidural or Facet Block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd Edition (page 127)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology and conservative treatment. The UR decision dated 10/21/14 certified the request for a left L2-L3 epidural injection. The requesting physician was aware of the certification and the patient was about to schedule the injection with a different provider. Therefore, the request for Pain Evaluation Left L2-3 Epidural or Facet Block was not medically necessary.