

Case Number:	CM14-0189356		
Date Assigned:	11/20/2014	Date of Injury:	01/03/2009
Decision Date:	01/08/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/13/2014

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 Family Medicine and is licensed to practice in Colorado. 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 56 year old female with repetitive injury history and continued low back pain. (Most recent work related injury of concern, 1/3/2009). Injured worker continues care with the treating physician. She is maintained with multiple medications, rest, and exercise. Several notes in the records supplied for review indicate injured worker has failed back syndrome with persistent low back pain and left leg pain despite more than one back surgery and other conservative measures including Physical Therapy. Injured worker is also in treatment with Mental Health for ongoing depression/dysthymia, rated at least partially due to work related injury and chronic pain. Injured worker continues in cognitive therapy, and takes medications, all with some improvement documented. The treating physician requests continued refills on Norco, Wellbutrin, Flexeril, and Cymbalta, all of which are chronic medications for injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 79-80, 85, 88-89, 91.

Decision rationale: The Guidelines establish criteria for use of opioids, including long term use (6 months or more). When managing patients using long term opioids, the following should be addressed: Re-assess the diagnosis and review previous treatments and whether or not they were helpful. When re-assessing, pain levels and improvement in function should be documented. Pain levels should be documented every visit. Function should be evaluated every 6 months using a validated tool. Adverse effects, including hyperalgesia, should also be addressed each visit. Patient's motivation and attitudes about pain / work / interpersonal relationships can be examined to determine if patient requires psychological evaluation as well. Aberrant / addictive behavior should be addressed if present. To summarize the above, the 4A's of Drug Monitoring (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking Behaviors) have been established. 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. Per the records supplied for review, the patient of concern has less pain, though not consistently, with her regimen which includes Norco. However, the records do not indicate any objective, verifiable assessment of function / functional improvement, and there is no documentation of side effects or discussion of aberrant drug taking behaviors. As pain levels continue to fluctuate, and there is no documentation of functional assessment that shows improvement, and there is not adequate documentation of monitoring of opioid use, the request to continue Norco is not medically necessary.

Wellbutrin with 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 13-14, 16.

Decision rationale: Per the MTUS Guidelines, antidepressants can be considered first line treatment for neuropathic pain and possible option for treatment for non-neuropathic pain. Tricyclic antidepressants are the recommended first option for treatment of pain with antidepressant and should be used unless ineffective or not tolerated/contraindicated. Pain relief with antidepressants may occur within a few days to 1 week, though any antidepressant effect would take longer to occur. As with other treatments for pain, efficacy should be assessed regularly when using antidepressants. The records supplied for the patient of concern do not indicate that patient has tried and failed a course of Tricyclic antidepressants. Furthermore, no documentation is supplied that addresses each issue above as it relates to the antidepressant therapy (function and changes in need for other medications specifically, and side effects not discussed). It is also unclear in the record as to why patient requires Bupropion and Cymbalta (serotonin/norepinephrine reuptake inhibitor), the combination of which has not been well studied in pain treatment. As there is no documentation of objective assessment of the efficacy of the Wellbutrin, the request is not medically necessary.

Flexeril with 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 41-42, 64.

Decision rationale: Flexeril (Cyclobenzaprine) and other antispasmodics are recommended for musculoskeletal pain associated with spasm, but only for a short course. It has been shown to help more than placebo with back pain and fibromyalgia, but has several side effects that limit its use. Furthermore, Cyclobenzaprine works best in the first 4 days of use, so short courses recommended, no more than 2-3 weeks. No quality consistent evidence exists to support chronic use of Cyclobenzaprine. The records supplied indicate injured worker has been taking Cyclobenzaprine greater than 3 months. Furthermore, the notes indicate no findings of spasm on examination. As there is no support, per the guidelines, for long term use, and as the injured worker of concern has no clinical findings of spasm to treat, the request for Cyclobenzaprine is not medically necessary.

Cymbalta with 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 13-6, 43-44.

Decision rationale: Per the MTUS Guidelines, antidepressants can be considered first line treatment for neuropathic pain and possible option for treatment for non-neuropathic pain. Tricyclic antidepressants are the recommended first option for treatment of pain with antidepressant and should be used unless ineffective or not tolerated/contraindicated. Pain relief with antidepressants may occur within a few days to 1 week, though any antidepressant effect would take longer to occur. As with other treatments for pain, efficacy should be assessed regularly when using antidepressants. Per the records, the injured worker of concern has been taking Duloxetine at the current dose for at least 3 months at time of the request for refill approval. No documentation is provided that objectively assesses the functional improvement, side effects, and changes in other medications as relates to the Cymbalta. Injured worker is taking the Cymbalta, at least in part, for an off label indication with no evidence to support use for radiculopathy, and no documented objective evaluation of its efficacy, so the request to continue Duloxetine is not medically necessary.