

Case Number:	CM14-0193525		
Date Assigned:	12/01/2014	Date of Injury:	01/27/2000
Decision Date:	01/13/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/18/2014

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 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 injured worker (IW) is a 60-year-old man with a date of injury of January 27, 2000. The mechanism of injury was not documented in the medical record. Pursuant to the Primary Treating physician's Progress Report dated October 7, 2014, the IW complains of lower backache. Pain is rated 3/10 with medications and 8/10 without medications. He is not having any new problems or side effects. The IW is taking his medications as prescribed and states that they are working well. Physical examination revealed a slow, antalgic gait, but does not use any assistive devices. He does not show any signs of intoxication or withdrawal. Cervical spine range of motion (ROM) is restricted with flexion and extension. Paravertebral muscles are normal. No spinous tenderness is noted. There are no tender nodules or specific tender areas noted. Examination of the lumbar spine reveals loss of normal lordosis with straightening. ROM is restricted with flexion limited to 45 degrees limited by pain and extension limited to 15 degrees limited by pain. On palpation, paravertebral muscles, hypertonicity, spasms, tenderness and tight muscle band is noted on both sides. Lumbar facet loading is negative on both sides. Straight leg raise test is positive on both sides at 50 degrees in the sitting position. The current diagnoses include post lumbar laminectomy syndrome, lumbar radiculopathy, chronic back pain, and spondylolisthesis. Current medications include Cymbalta 60mg, Mobic 7.5mg, Gabapentin 300mg, Flexeril 10mg, and Norco 10/325mg, which have been refilled as early as April of 2014. It is unclear as to how long the IW has been taking these medications. There are no detailed pain assessments or objective functional improvements associated with the continued use of these medications. The IW takes other medications for hypertension, high cholesterol, and diabetes prescribed by another physician. The treating physician is requesting authorization for Norco 10/325mg #120, Cymbalta 60mg # 30 X 5 refills, Mobic 7.5mg #30 X 5 refills, and Gabapentin 300mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker is being treated for displacement of lumbar intervertebral disc without myelopathy, lumbago, or other symptoms related to back, spondylolisthesis, post laminectomy syndrome of the lumbar region. The documentation indicates the injured worker has been taking Norco 10/325 mg since April 27 of 2014. This was a refill. It is unclear based on the medical documentation how long the injured worker has been taking Norco 10/325 mg. additionally; the documentation does not include evidence of objective functional improvement. Consequently, Norco 10/325 mg #120 is not medically necessary.

Cymbalta 60mg #30 refills 5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Cymbalta

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cymbalta 60 mg #30 with five refills is not medically necessary. Cymbalta is recommended as an option in first-line treatment of neuropathic pain. It is FDA approved for treatment of depression, generalized anxiety disorder and pain related to diabetic neuropathy. See guidelines for additional details. There is no high quality evidence to support the use of Cymbalta for lumbar radiculopathy. In addition the guidelines recommend the lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker is being treated for displacement of lumbar inter-vertebral disc without myelopathy, lumbago, or other symptoms related to the back, spondylolisthesis, post laminectomy syndrome of the lumbar

spine. There is no high quality evidence to support the use of Cymbalta for lumbar radiculopathy. Additionally, there is no documentation of objective functional improvement with the use of Cymbalta. The treating physician renewed symbol in April 2014. It is unclear however, how long the injured worker has been taking Cymbalta. Consequently, Cymbalta 60 mg #30 with five refills is not medically necessary.

Mobic 7.5mg #30 refills 5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAI

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Mobic 7.5 mg #30 with five refills is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. In this case, the injured worker is being treated for symptoms related to lower back, spondylolisthesis, and post laminectomy syndrome of the lumbar spine. The documentation indicates the injured worker has been taking Mobic as far back as April 2014. Anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. It is unclear from the documentation when Mobic was actually started. However, Mobic's use (as an anti-inflammatory) has clearly exceeded the recommended guidelines pursuant to the Official Disability Guidelines. Additionally, there is no documentation of objective functional improvement associated with Mobic's continued use. Consequently, Mobic 7.5 mg #30 with five additional refills is not medically necessary.

Gabapentin 300mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Cymbalta

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 300 mg #180 is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. In this case, the injured worker is 60 years old with a date of injury January 27, 2000. The earliest progress note in the medical record indicates gabapentin has been used since April 2014. However, the date of injury dates back to January 27, 2000 and it is unclear how long gabapentin has been used. The documentation does not contain evidence of objective functional

improvement associated with the continued use of gabapentin. Consequently, absent this documentation, the contribution of gabapentin to pain relief is unclear. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, gabapentin 300 mg #180 is not medically necessary.