

Case Number:	CM14-0197132		
Date Assigned:	12/05/2014	Date of Injury:	07/20/2008
Decision Date:	01/22/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/24/2014

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 Rehab, has a subspecialty in Interventional Spine 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 59-year-old female with a date of injury of 07/20/2008. According to progress report dated 11/04/2014, the patient presents with cervicogenic headaches with no changes in pain. The patient reports neck pain that radiates into the lower right extremity with muscle spasms and hypersensitivity. The pain is rated as 7/10 on a pain scale. The patient notes that Norco is not helping and Valium is helping, but with side effects. CURES report was reviewed on 06/26/2014 which was appropriate. The patient reported functional improvement with current medications. Physical examination revealed tightness in the neck muscles. There was minimal range of motion due to pain. There is tenderness noted in the lumbar paraspinal muscles and the patient was noted to have an antalgic gait. Treatment plan was for cervical discogram and refill of medications including methadone, and MSO IR, and Cymbalta. The utilization review denied the requests on 11/10/2014. Treatment reports from 11/08/2013 through 11/04/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective usage of Methadone 10mg #30: 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 criteria for initiating opioids Page(s): 76-78.

Decision rationale: This patient presents with headaches, and neck pain that radiates into the right extremity. The current request is for prospective usage of methadone 10 mg #30. This appears to be an initial request for methadone, as it was first discussed on report 11/04/2014, which noted that Norco no longer works and then a recommendation was made for Methadone. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. The treating physician has provided baseline pain by stating that Norco no longer provides pain relief and Methadone was recommended. In this case, recommendation for initiating a new opioid cannot be supported as there are no functional assessments to necessitate a start of a new opioid. MTUS states that "functional assessments should be made. Function should include social, physical, psychological, daily and work activities..." The requested Methadone is not medically necessary.

Prospective usage of MSO IR 30mg #90: 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 criteria for initiating opioids Page(s): 76-78.

Decision rationale: This patient presents with headaches, and neck pain that radiates into the right extremity. The current request is for prospective usage of MSO IR 30 mg #90. The treating physician's report and the Utilization review states that this is a request for "MSIR 30mg #90." This appears to be an initial request for MSIR (Morphine Sulfate Immediate Release), as it was first discussed on report 11/04/2014, which noted that Norco no longer works and then a recommendation was made for MSIR 30mg. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. The treating physician has provided baseline pain by stating that Norco no longer provides pain relief and MSIR was recommended. In this case, recommendation for initiating a new opioid cannot be supported as there are no functional assessments to necessitate a start of a new opioid. MTUS states that "functional assessments should be made. Function should include social, physical, psychological, daily and work activities..." The requested Methadone IS NOT medically necessary.

Prospective usage of Cymbalta 30mg #30: Overturned

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
Duloxetine (Cymbalta) Page(s): 16-17.

Decision rationale: This patient presents with headaches, and neck pain that radiates into the right extremity. The current request is for prospective usage of Cymbalta 30 mg #30. For Cymbalta, the MTUS Guidelines page 16 and 17 states, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used for off-label neuropathic pain and radiculopathy. Duloxetine is recommended as a first line option for diabetic neuropathy." Review of the medical file indicates the patient has been utilizing Cymbalta since at least 01/30/2014. In this case, the patient presents with neck pain that radiates into the right extremity. Report 11/4/14 notes that the patient reported functional improvement with current medications. Given the patient's radicular symptoms and the documentation of medication efficacy, this medication is medically necessary.