

Case Number:	CM14-0203410		
Date Assigned:	01/14/2015	Date of Injury:	01/29/2004
Decision Date:	02/19/2015	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

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 70 year old male patient who sustained a work related injury on 1/29/2004. The exact mechanism of injury was not specified in the records provided. The current diagnoses include lumbosacral spondylosis without myelopathy, lumbar degenerative disc disease, spinal stenosis without neurogenic claudication and back pain with radiculitis. Per the doctor's note dated 9/18/14, patient has complaints of low back pain. Physical examination of the lumbar spine revealed tenderness on palpation, antalgic gait, uses cane for ambulation, and normal psychiatric examination. The current medication lists include Trazodone, Cymbalta, Oxycodone, Butalbital/Acetaminophen/Caffeine/Codeine, Lunesta, Pantoprazole, and Norco. The patient has had CT scan that revealed cancer was in remission. Diagnostic imaging reports were not specified in the records provided. The patient's surgical history include shoulder surgery, knee surgery, lumbar spine surgery and hand surgery. Other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment for Workers' Compensation; Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); NSAIDs, GI symptoms & cardiovascular risk Page(s): 41-42; 68-69.

Decision rationale: According to CA MTUS guidelines cited below, "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain." The current diagnoses include lumbosacral spondylosis without myelopathy, lumbar degenerative disc disease, spinal stenosis without neurogenic claudication and back pain with radiculitis. The patient's surgical histories include shoulder surgery, knee surgery, lumbar spine surgery and hand surgery. Per the doctor's note dated 9/18/14, patient has complaints of low back pain and physical examination of the lumbar spine revealed tenderness on palpation, antalgic gait, and uses a cane for ambulation. There is objective evidence of significant abnormal musculoskeletal conditions that can cause intermittent exacerbations. For that the prn use of a short course of a muscle relaxant like Flexeril is deemed medically appropriate and necessary. Therefore with this, it is deemed that, the use of the muscle relaxant Flexeril 10mg #30 is medically appropriate and necessary in this patient.

Cymbalta 60mg #30 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs): Duloxetine (Cymbalta): FDA. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Thompson Micromedex FDA labeled indication for Cymbalta

Decision rationale: Cymbalta contains Duloxetine Hydrochloride. As per cited guideline "Duloxetine (Cymbalta): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy." According to the Thompson Micromedex FDA labeled indication for Cymbalta includes Diabetic peripheral neuropathy - Pain Fibromyalgia; Generalized anxiety disorder; Major depressive disorder; Musculoskeletal pain, chronic. The current diagnoses include lumbosacral spondylosis without myelopathy, lumbar degenerative disc disease, spinal stenosis without neurogenic claudication and back pain with radiculitis. Per the doctor's note dated 9/18/14, patient has complaints of low back pain and physical examination of the lumbar spine revealed tenderness on palpation, antalgic gait, and uses cane for ambulation. The patient's surgical histories include shoulder surgery, knee surgery, lumbar spine surgery and hand surgery. The patient has documented objective evidence of chronic myofascial pain. Cymbalta is deemed medically appropriate and necessary in such a patient. Therefore, Cymbalta 60mg #30 with 2 refills is medically necessary for this patient at this time.

Oxycodone 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Criteria for Use of Opioids, Therapeutic Trial of Opioids Page(s): 76.

Decision rationale: Oxycodone 10mg #60 is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Oxycodone 10mg #60 is not established for this patient.

Lunesta 3mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Med Lett Drugs Ther. 2005 Feb 28;47(1203):17-9

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 12/31/14), Mental Chapter, Mental Illness & Stress (updated 10/23/14) Eszopiclone (Lunesta)

Decision rationale: Lunesta (eszopiclone) is a nonbenzodiazepine hypnotic agent is a sedative and is used to treat insomnia that is a pyrrolopyrazine derivative of the cyclopyrrolone class. The California MTUS/ACOEM Guidelines do not address this medication; therefore, ODG was utilized. According to the cited guideline, "Not recommended for long-term use, but recommended for short-term use." A detailed history of anxiety or insomnia was not specified in

the records provided. Any trial of other measures for treatment of insomnia is not specified in the records provided. Per the records provided, the date of injury is approximately 11 years ago. A detailed evaluation by a psychiatrist for stress related conditions is not specified in the records provided. As per records provided the patient had a normal psychiatric examination. As per cited guideline, "They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term..... Previously recommended doses can cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug is taken." Per the cited guideline, use of this medication can be habit-forming, and it may impair function and memory more than opioid pain relievers. The medical necessity of the request for Lunesta 3mg #30 is not fully established in this patient. Therefore, the request is not medically necessary.