

Case Number:	CM14-0204773		
Date Assigned:	12/17/2014	Date of Injury:	05/09/2002
Decision Date:	02/06/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/08/2014

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 patient is an injured worker with in history of inguinal hernia. Date of injury was May 9, 2002. The psychiatric disability evaluation agreed medical evaluation report dated August 11, 2014 a history of right inguinal hernia. The mechanism of injury was lifting and carrying the containers. The patient underwent an inguinal hernia repair. A revision of the surgical procedure to the right inguinal canal took place in the Spring of 2003. Reportedly nerves were purposefully cut to reduce pain that the applicant was continuing to experience in !he area of the groin. That did not turn out to be true. A spinal cord stimulator continued to be used. The applicant reports that that device has reduced the intensity of his chronic pain. The patient continues to experience pain on a constant basis that has been present since the first surgery. The pain is always there. He describes his pain in a dramatic manner as feeling like a serrated knife is in his groin. At times he feels as though his testicles are on fire. The medication regimen includes Combunox, the antidepressant Cymbalta, the anti-inflammatory Diclofenac, and the muscle relaxant Tizanidine and Lyrica. He is treated with Insulin and Metformin for Diabetes. Medical history includes chronic groin pain, Diabetes, status post appendectomy, right knee surgery, multiple right inguinal procedures related to hernia, spinal cord stimulator implantation. Medications included Combunox, Cymbalta, Diclofenac, Tizanidine, Insulin and Metformin. A psychological evaluation report performed on March 4, 2013 documented depression, anxiety, and chronic pain. There is a history of right inguinal hernia repair and subsequent mesh removal resulting in severe nerve entrapment syndrome. The urine drug screen dated November 21, 2014 was consistent. The primary treating physician's progress report dated October 24, 2014 documented subjective complaints of pain in the right groin with an acute flare occurring during the past week. Physical examination of the right groin reveals it to be extremely tender. The pain radiates

into the right testicle and radiates across the hip to the low back. Treatment plan included Norco 10/325 mg prn #180, Cymbalta, Lyrica, Diclofenac, and Tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SNRIs Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation FDA Prescribing Information Cymbalta http://www.accessdata.fda.gov/drugsatfda_docs/label/2010/022516lbl.pdf

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Duloxetine is used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. FDA Prescribing Information documents that Cymbalta is indicated for major depressive disorder, generalized anxiety disorder, diabetic peripheral neuropathic pain, fibromyalgia, and chronic musculoskeletal pain. The medical records document a history of inguinal hernia surgeries, nerve entrapment syndrome, diabetes mellitus, depression, and neuropathic pain. Because the medical records document depression and neuropathic pain, the request for Cymbalta is supported by MTUS and FDA guidelines. Therefore, the request for Cymbalta 30mg #60 is medically necessary.

Norco 10/325mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Hydrocodone/Acetaminophen Page(s): 74-96; 91.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The medical records document a history of inguinal hernia surgeries, nerve

entrapment syndrome, diabetes mellitus, and neuropathic pain. The progress report dated October 24, 2014 documented acute exacerbation of right groin pain. Physical examination of the right groin revealed it to be extremely tender. The pain radiated into the right testicle and radiated across the hip to the low back. The urine drug screen dated November 21, 2014 was consistent. Activities of daily living were addressed. No adverse side effects were reported. Medical records document objective evidence of pathology. Medical records document regular physician clinical evaluations and monitoring. The request for Norco 10/325mg is supported by the medical records and MTUS guidelines. Therefore, the request for Norco 10/325mg #180 is medically necessary.

Lyrica 150mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDS); Pregabalin (Lyrica) Page(s): 16-20; 19-20.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Lyrica (Pregabalin) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. Lyrica is an anti-epilepsy drug (AED). Antiepilepsy drugs (AEDs) are recommended for neuropathic pain (pain due to nerve damage). The medical records document a history of inguinal hernia surgeries, nerve entrapment syndrome, diabetes mellitus, and neuropathic pain. Because the patient has neuropathic pain associated with right inguinal hernia surgeries, the request for the antiepilepsy drug Lyrica is supported by MTUS guidelines. Therefore, the request for Lyrica 150mg #90 is medically necessary.

Tizandine 4mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (page 63-66) addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Tizanidine (Zanaflex) is associated with hepatotoxicity. Liver function tests (LFT) should be monitored. Medical records document the long-term use of Tizanidine for

chronic occupational injuries. MTUS guidelines do not support the long-term use of muscle relaxants. ACOEM guidelines do not recommend the long-term use of muscle relaxants. The patient has been prescribed NSAIDs. Per MTUS, using muscle relaxants in combination with NSAIDs has no demonstrated benefit. MTUS and ACOEM guidelines do not support the use of the muscle relaxant Tizanidine (Zanaflex). Therefore, the request for Tizandine 4mg #90 is not medically necessary.