MAXIMUS Federal Services

Case Number:	CM14-0204840		
Date Assigned:	12/17/2014	Date of Injury:	06/26/1996
Decision Date:	02/10/2015	UR Denial Date:	11/11/2014
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 Physical Medicine Rehab, has a subspecialty in Pain 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:

This is a male patient with the date of injury of June 26, 1996. A utilization review determination dated November 11, 2014 recommends non-certification of Percocet 10/325 mg #150 with modification to #25 for weaning purposes, and Cymbalta 60 mg #60 with modification to #30. A progress are dated October 2, 2014 identifies subjective complaints of constant pain in the back with severe muscle spasms. The patient reports a pain level of 9/10 in his back, an 8/10 in his neck, and he states that with medications his pain level reduces to a 4/10 and that his pain is a 10/10 without the medications. Patient states that the medications provide him with a 50% reduction in his pain, and a 50% functional improvement with activities of daily living. The patient reports a constant burning pain in his legs. The physical examination reveals that the lower back is it in a forward-flexed, and apologetic procedure. The patient is unable to stand up straight, and there are muscle spasms in the lumbar trunk. bilateral straight leg raise test is positive at 80 causing right-sided back pain. There is tenderness over the subacromion of bilateral shoulders, and there is crepitus on circumduction passively of shoulders. The diagnoses included lower back pain and radicular symptoms bilaterally, status post spinal fusion from L4-S1, placement of spinal cord stimulator which is nonfunctional, cervical sprain/strain with underlying severe spondylosis with chronic neck pain, bilateral shoulder pain with chronic tendinopathies, chronic neuropathy in the lower extremities, venous stasis in the lower extremities, and nonindustrial medical problems including motility disorder, GERD, history of myocardial infarction, coronary artery disease, hyperlipidemia, and hypertension. The treatment plan recommends a prescription refill for the following MS Contin 60 mg #90, Percocet 10/325 mg #150, Amitiza 24 g #60, Senokot #120, Colace 250 mg #60, Flexeril 10 mg #60, and Neurontin 300 mg #270. The treatment plan recommends discontinuation of Lyrica and a neurosurgical consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #150: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R.9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Percocet 10/325mg #150, California Pain Medical Treatment Guidelines state that Percocet is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain (in terms of specific examples of functional improvement and reduced NRS), there is documentation regarding side effects, and there is discussion regarding aberrant use. As such, the currently requested Percocet 10/325mg #150 is medically necessary.

Cymbalta 60mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 395-396, 402,Chronic Pain Treatment Guidelines 8 C.C.R.9792.20 - 9792.26 Page(s): 13-16.

Decision rationale: Regarding the request for Cymbalta 60mg #60, guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, there is identification that the Cymbalta provides specific analgesic effect and provides objective functional improvement. As such, the currently requested Cymbalta 60mg #60 is medically necessary.