

Case Number:	CM14-0207726		
Date Assigned:	12/19/2014	Date of Injury:	02/28/2005
Decision Date:	02/17/2015	UR Denial Date:	11/15/2014
Priority:	Standard	Application Received:	12/11/2014

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 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 46 year old male with date of injury 2/28/05. The treating physician report dated 11/03/14 (406) indicates that the patient presents with pain affecting the low back. The physical examination findings reveal tenderness along the lumbar paraspinal muscles, ilio-lumbar, and sacroiliac regions. Back pain is noted on range of motion, and facet maneuver is equivocal. The physician also notes that the patient's gait is mildly antalgic. Prior treatment history includes prescribed medications of Celebrex, Cymbalta, Flexeril, Lyrica, and Norco. Current medications include Celebrex, Cymbalta, Flexeril, and Lyrica. The current diagnoses are: 1. Multilevel lumbar degenerative disc disease with significant L4-L5 annular tear and disc narrowing at the L5-S1 level. 2. Probable major depression. The utilization review report dated 11/15/14 denied the request for Ultram 50mg, #90 with 3 refills, and Cymbalta 60mg, #30 with 3 refills based on a lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg, #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

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

Decision rationale: The patient presents with pain affecting the low back. The current request is for Ultram 50mg, #90 with 3 refills. The treating physician report dated 11/03/14 (406) states that, "the medications are helpful. However, he states that he rarely takes the Norco, since it does not work very well for him. We talked about changing this to Ultram, which also has the convenience of being refillable, whereas the Norco is not, since it is now a schedule II drug." MTUS guidelines state the following regarding Initiating Opioid therapy, "(a) intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended release opioids are recommended. Patients on this modality may require a dose of "rescue" opioids. The need for extra opioid can be a guide to determine the sustained release dose required. (c) Only change 1 drug at a time." Reports provided show the patient had been taking Norco for at least 6 months and has not been prescribed Ultram before. The physician discontinued the treatment of Norco due to a lack of partial analgesia and is initiating a treatment of Ultram. The treating physician report dated 11/03/14 states that the patient was to return to the clinic in 4 months for a recheck. The MTUS guidelines clearly state that, "Recommended Frequency of Visits While in the Trial Phase (first 6 months) is every 2 weeks for the first 2 to 4 months." In this case, there is a lack of documented functional improvement from previous opioid therapy and the patient stated "that it did not work well for him." Furthermore, MTUS guidelines state, "If partial analgesia is not obtained, opioids should be discontinued." The current request does not satisfy MTUS guidelines as outlined on pages 76-79 as 3 refills without documentation of functional improvement is not supported. Therefore, the request is not medically necessary.

Cymbalta 60mg, #30 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) Page(s): 16-17, 43-44.

Decision rationale: The patient presents with pain affecting the low back. The current request is for Cymbalta 60mg, #30 with 3 refills. Reports provided show that the patient has been taking Cymbalta since at least 01/14/14. The treating physician report dated 11/03/14 states, "The medications are effective for the patient and should be continued. These help with his daily activities. They allow his pain level to come down and allow him to function much better in terms of being able to walk, sit and do household chores." MTUS page 43-44 state that Duloxetine (Cymbalta) "Recommended as an option in first-line treatment option in neuropathic pain." It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy. The treating physician has noted that the patient suffers from probable major depression. Furthermore, the patient is compliant with medication usage and denies any urinary or bowel dysfunction. There is also no documentation provided that shows the patient has hepatic insufficiency. In this case, the treating physician has prescribed a medication that is a first line option for neuropathic pain, is FDA approved for the treatment of depression, and documented efficacy. Therefore, the request is not medically necessary.

