

Case Number:	CM14-0208784		
Date Assigned:	12/22/2014	Date of Injury:	05/13/2002
Decision Date:	03/09/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/12/2014

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 injured worker is a 43 year old female, who sustained an industrial injury on 05/13/2002. She has reported subsequent left lower extremity, back and bilateral hip pain. The diagnoses have included chronic post-operative pain, post-laminectomy syndrome, lumbar radiculitis, degeneration of lumbar intervertebral disc, myalgia and insomnia. Treatment to date has included oral pain medication and peripheral neurostimulator placement. Kadian was noted to have been a chronic medication for the prior 6 years but was noted to have been discontinued since 01/2014 which had caused an increase in pain for the IW. Cymbalta was a chronic medication since at least 05/20/2014 and Flexeril was a chronic medication since at least 07/15/2014. Currently the IW complains of continued low back and bilateral hip pain. The IW's current medication regimen was noted to make the pain more tolerable. The low back pain was noted as aching with occasional shooting pain that was constant and increasing in frequency. Objective physical examination findings showed exquisite tenderness to palpation throughout the lumbar paraspinals and bilateral sciatic notches and left greater trochanter with inability to fully cooperate with strength testing due to pain. The IW was noted to have a flattened affect and to be clearly depressed. The physician made requests for refills of Cymbalta for depression, an increase in Flexeril for pain and to restart Kadian for pain. On 11/13/2014, Utilization Review non-certified a requests for Flexeril and Kadian, noting that Flexeril had been ineffective for two months and that there was no indication of significant functional benefit from Kadian. The request for Cymbalta 30 mg every morning #30 and Cymbalta 60 mg at bedtime #30 were non-certified although the UR noted that additional requests for the use of these medications for a one

month duration was certified to allow for documentation of psychological benefit. MTUS Chronic Pain Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 43.

Decision rationale: According to MTUS guidelines, there is no high quality evidence to support the use of Cymbalta for lumbar radiculopathy and radicular pain There is no documentation about the efficacy of the drug for the management of the patient pain. Cymbalta is usually used for neuropathic pain and there is no clear evidence of neuropathic pain in this case.

Cymbalta 60mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 43.

Decision rationale: According to MTUS guidelines, there is no high quality evidence to support the use of Cymbalta for lumbar radiculopathy and radicular pain There is no documentation about the efficacy of the drug for the management of the patient pain. Cymbalta is usually used for neuropathic pain and there is no clear evidence of neuropathic pain in this case.

Flexeril 5-10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics, muscle relaxants Page(s): 63 and 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, Flexeril, a non sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent documentation of pain and spasticity improvement.

Kadian 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78-80 and 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: Kadian is a brand of morphine sulfate. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework>Despite the continuous use of Kadian, there is no documentation of functional improvement and reduction in pain. There is no recent and continuous documentation of compliance of the patient with his medications. There is no recent documentation of failure of first line pain medications to manage the patient pain.