

Case Number:	CM15-0003672		
Date Assigned:	01/14/2015	Date of Injury:	07/05/2011
Decision Date:	03/24/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/08/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65-year-old female who reported an injury on 07/05/2011 due to an unspecified mechanism of injury. On 01/06/2015, she presented for a followup evaluation. She reported low back pain with radiation into the left leg, which was noted to fluctuate depending on activity level and type of activity. She reported that without her medications, it was difficult to fall asleep and stay asleep. She was using Percocet mainly at night, which allowed her to sleep better. She also reported more radicular pain. Her medications included Phenergan 25 mg 1 tab daily as needed for nausea, Percocet 5/325 mg 1 tab twice a day, Aspirin EC 81 mg, Ativan 1 mg, carvedilol 25 mg, Celexa 10 mg, folic acid, furosemide 20 mg, methotrexate, and lisinopril 10 mg. It was noted that she had signed an opioid agreement and she scored a low risk for abuse on the opioid risk tool assessment. A physical examination showed 4/5 strength. She ambulated with a limp and lumbar spine range of motion was restricted. There was also tenderness to palpation of the lumbar spine and heel and toe walk were normal. Gaenslen's was positive, lumbar facet loading was negative, stretch of the piriformis was negative, and straight leg raising was positive on the right. She was diagnosed with lumbar radiculopathy or lumbosacral disc degeneration. The treatment plan was for Percocet 5/325 mg, Phenergan 25 mg #30, and Cymbalta 30 mg #30. The rationale for treatment was to treat the injured worker's symptoms.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 42.

Decision rationale: According to the California MTUS Guidelines, Cymbalta is recommended an option in the first line treatment of neuropathic pain. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic and reported radicular symptoms. However, there is a lack of documentation showing that she has had a quantitative decrease in pain or an objective improvement in her neuropathic symptoms or function to support the request for this medication. Furthermore, the frequency of the medication was not provided within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Phenergen 25mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antiemetics.

Decision rationale: According to the Official Disability Guidelines, antiemetics are not supported for the treatment of nausea due to medication intake. A clear rationale was not provided for the use of Phenergan. Without knowing why the injured worker was taking this medication, the request would not be supported. Also, the frequency of the medication was not provided within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Percocet 5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. While it was noted that the injured worker had relief with this medication, there is a lack of documentation showing a quantitative decrease in pain or an objective improvement in function with the use to support its continuation. Also, no official

urine drug screens or CURES reports were provided for review to validate that she has been compliant with her medication regimen. Furthermore, the frequency of the medication was not provided within the request. Therefore, the request is not supported. As such, the request is not medically necessary.