

Case Number:	CM15-0006212		
Date Assigned:	01/26/2015	Date of Injury:	06/23/2007
Decision Date:	03/19/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/12/2015

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

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:

This 55 year old male sustained an industrial injury on 6/23/07, with subsequent ongoing neck pain. Treatment included C5-C6 fusion and medications. Current diagnoses included brachial neuritis or radiculitis, cervicgia, arthodesis status, stiffness of joint and long-term (current) use of other medications. No recent radiology reports were found in the medical record. In an office visit dated 10/21/14, the injured worker complained of daily pain ranging from 5-8/10 on the visual analog scale without much change from prior. The injured worker reported being able to continue to work and do his usual activities only because of the analgesic effect of medications and Thermancare patches. Physical exam was remarkable for decreased range of motion to the cervical spine and decreased sensation at bilateral median sphere. The treatment plan included continuing current medication regimen. On 12/26/14, Utilization Review modified a request for 30 ThermanCare Wraps with 2 Refills to 30 ThermanCare Wraps with 0 Refills. Utilization Review certified requests for 80 tablets of Norco 10/325 mg with 2 refills, 30 Tablets of Duloxetine 60mg with 2 refills and 60 Tablets of Lyrica 300 mg with 2 refills. Utilization Review cited CA MTUS and ACOEM guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 ThermaCare Wraps with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back, Heat Therapy, page 343

Decision rationale: Regarding Hot/Cold therapy, guidelines state it is recommended as an option after surgery, but not for nonsurgical treatment. The request for authorization does not provide supporting documentation for treatment beyond the guidelines criteria. Although heat wraps may be indicated during the acute phase of injury post exercise with local application to decrease pain, there is no documentation for home exercise program that establishes medical necessity or that the multiple refills requested are medically reasonable without demonstrated specific functional benefit in terms of decreased medication profile and treatment utilization for this chronic injury. The 30 ThermaCare Wraps with 2 Refills is not medically necessary and appropriate.

80 Tablets of Norco 10/325 mg with 2 Refills: Upheld

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

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

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The 80 Tablets of Norco 10/325 mg with 2 Refills is not medically necessary and appropriate.

60 Tablets of Lyrica 300 mg with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Pregabalin (Lyrica), page 100.

Decision rationale: Pregabalin (Lyrica) 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. This anti-epileptic medication may be helpful in the treatment of radiculopathy and would be indicated if there is documented significant benefit. It appears the medication has been prescribed for quite some time; however, there is no documented functional improvement as the patient continues with constant significant pain level. The clinical exams have remained unchanged despite continued medication use. Submitted medical reports have not adequately demonstrated indication and functional benefit to continue ongoing treatment with this anti-epileptic. The 60 Tablets of Lyrica 300 mg with 2 Refills is not medically necessary and appropriate.

30 Tablets of Duloxetine 60mg with 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Antidepressant for Chronic Pain, 13-16.

Decision rationale: Per MTUS Chronic Treatment Pain Guidelines, selective serotonin reuptake inhibitors (SSRIs) such as Cymbalta (Duloxetine, a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline), are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain; however, more information is needed regarding the role of SSRIs and pain. Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia; Used off-label for neuropathic pain and radiculopathy; and is recommended as a first-line option for diabetic neuropathy; however, no high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy and more studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. There is no mention of previous failed trial of TCA or other first-line medications and without specific improvement in clinical findings, medical necessity has not been established. The 30 Tablets of Duloxetine 60mg with 2 Refills is not medically necessary and appropriate.