

Case Number:	CM15-0106141		
Date Assigned:	06/10/2015	Date of Injury:	08/21/2007
Decision Date:	07/14/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/02/2015

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, Pain Management

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 (IW) is a 57 year old male who sustained an industrial injury on 08/21/2007. He reported an injury in which he torqued his low back, and also injured his right ankle, right foot, lower back, and right hip. The injured worker was diagnosed as having mood disorder with hallucinations in conditions classified elsewhere; carpal tunnel syndrome; pain in joint involving upper arm' pain in joint involving pelvic region and thigh; postlaminectomy syndrome of lumbar region; cervicgia, neck pain; backache unspecified, back pain; neuralgia neuritis and radiculitis unspecified. Currently, in the visit of 04/10/2015, the injured worker was seen for lower back ache. The worker rated his pain as a 7/10 with medication and an 8/10 without medication. He denied any new injury since his last visit. His quality of sleep is poor. He is using no therapies for pain relief other than medications. His medications include Amitriptyline, Cymbalta, Butrans, Fioricet, and Nucynta. The Butrans was on a trial basis, and the worker felt it was ineffective. According to the worker, he had an Agreed on Medical Exam and is being authorized for his medications and would like to take Nucynta as he felt it was effective. He appears well groomed and has good communication ability, does not appear in acute distress, and shows no signs of intoxication or withdrawal. On examination, he has a right -sided antalgic gait that is awkward and slowed, but he does not use any assistive devices. His lumbar spine has restricted range of motion and extension limited by pain. On palpation there is hypo tonicity, tenderness, and a tight muscle band on both sides of the paravertebral muscles. Straight leg raise is positive on the right side. He has pain with passive supination and pronation of both feet, and pain with passive internal rotation right hip and internal and external rotation left hip, and there is tenderness

over the sacroiliac spine, hip joint and trochanter. The plan of care is to restart the Nucynta, discontinue the Butrans, and order Cymbalta and Amitriptyline. Norco is not re-started due to urine drug screen inconsistencies. The patient was counseled in expectations that he take only medications currently prescribed to him. Requests for authorization were made for the following: Nucynta 75mg quantity 90 with one refill, Cymbalta 30mg quantity 60 with one refill, and Amitriptyline Hydrochloride 10mg quantity 60 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 75mg quantity 90 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid medication Page(s): 76-86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "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 for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider documents that the worker had aberrant behaviors such as inconsistencies on urine toxicology testing. Based on this, the worker is a poor candidate for narcotic pain medications, especially in light of mood disorders which significantly elevates opioid risk. This request is not medically necessary.

Cymbalta 30mg quantity 60 with one refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SNRI Page(s): 105.

Decision rationale: The CPMTG on page 105 states the following regarding SNRIs (serotonin noradrenaline reuptake inhibitors), "Recommended as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. See Antidepressants for chronic pain for general guidelines, as well as specific SNRI listing for more information and references. See also Venlafaxine (Effexor) and Duloxetine (Cymbalta)." Regarding the request for Cymbalta, Chronic Pain Medical Treatment Guidelines states that Cymbalta is an SNRI antidepressant that has been shown to be effective in relieving neuropathic pain of different etiologies. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present.

Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, there is evidence of recent mental status examinations and psychological follow-up for mood disorder. Additionally, since the authorship of the Chronic Pain Medical Treatment Guidelines, Cymbalta has been FDA approved for generalized musculoskeletal pain, which applies in this case. The patient has additionally already tried TCA (in Elavil) and this medication is appropriate. Therefore, this request is medically necessary.