

Case Number:	CM15-0108062		
Date Assigned:	06/12/2015	Date of Injury:	06/19/2000
Decision Date:	09/23/2015	UR Denial Date:	05/24/2015
Priority:	Standard	Application Received:	06/04/2015

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:

The injured worker is a 64 year old male, who sustained an industrial/work injury on 6/19/00. He reported initial complaints of back and shoulder pain. The injured worker was diagnosed as having post lumbar laminectomy syndrome, idiopathic peripheral neuropathy, lumbosacral spondylosis, and pain in thoracic spine. Treatment to date has included medication. Currently, the injured worker complains of back and shoulder pain rated 6-9/10 described as sharp, not dull, burning, aching, and pins and needles. Pain was constant and radiating. Sleep was disrupted due to pain. Per the primary physician's progress report (PR-2) on 5/18/15, the pain was increased with walking, bending, lifting, stooping. There was constipation. Shoulder pain was present along with anxiety. Current plan of care included pain management. The requested treatments include Cymbalta 60 mg, Percocet 10/325 mg, MS Contin 15 mg, Lyrica 200 mg, and one (1) spine consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60 mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for Chronic pain Page(s): 16-17.

Decision rationale: The 64 year old patient complains of back pain and shoulder pain, rated 6-9/10, as per progress report dated 05/18/15. The request is for Cymbalta 60 mg #60. The RFA for this case is dated 04/22/15, and the patient's date of injury is 06/19/00. Diagnoses, as per progress report dated 05/18/15, included lumbar post-laminectomy syndrome, idiopathic peripheral neuropathy, lumbosacral spondylosis, and pain in thoracic spine. Medications included Cymbalta, Lyrica, MS Contin, Zanaflex and Percocet. As per progress report dated 04/29/15, diagnoses included chronic back pain status post back fusion, and uncontrolled hypertension. The patient is off work, as per progress report dated 04/29/15. Regarding Cymbalta, the MTUS guidelines page 16-17 Anti-depressants for Chronic pain section, states, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia, used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy... Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks." MTUS page 60 require documentation of pain and function when medications are used for chronic pain. In this case, the prescription for Cymbalta is first noted in progress report dated 10/12/11. In progress report dated 05/18/15, the treater states that Cymbalta is for neuropathic pain and the patient has "significant relief with this medication." MTUS states that the medication can be used off-label for neuropathic pain and radiculopathy. Given the efficacy of medication, the request appears reasonable and is medically necessary.

Percocet 10/325 mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria for use of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The 64 year old patient complains of back pain and shoulder pain, rated 6-9/10, as per progress report dated 05/18/15. The request is for Percocet 10/325 mg #180. The RFA for this case is dated 04/22/15, and the patient's date of injury is 06/19/00. Diagnoses, as per progress report dated 05/18/15, included lumbar post-laminectomy syndrome, idiopathic peripheral neuropathy, lumbosacral spondylosis, and pain in thoracic spine. Medications included Cymbalta, Lyrica, MS Contin, Zanaflex and Percocet. As per progress report dated 04/29/15, diagnoses included chronic back pain status post back fusion, and uncontrolled hypertension. The patient is off work, as per progress report dated 04/29/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "Function should include social, physical,

psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." In this case, a prescription for Percocet is first noted in progress report dated 03/15/13. Prior reports document the use of MS Contin and Morphine sulfate. In progress report dated 04/20/15, the treater states that medications help reduce the pain from 8.5/10 to 6/10. As per the same report, most recent urine drug screen was consistent. The treater, however, does not provide specific examples that indicate an improvement in function. In fact, in the 04/20/15 report, the treater states, "that any physical activity increases pain. He states he has to spend most of his time in bed". No CURES report is available for review and the treater does not discuss the side effects of the opioid as well. MTUS requires a clear discussion regarding the impact of Percocet on 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, the request is not medically necessary.

MS Contin 15 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria for use of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The 64 year old patient complains of back pain and shoulder pain, rated 6-9/10, as per progress report dated 05/18/15. The request is for MS Contin 15 mg #30. The RFA for this case is dated 04/22/15, and the patient's date of injury is 06/19/00. Diagnoses, as per progress report dated 05/18/15, included lumbar post-laminectomy syndrome, idiopathic peripheral neuropathy, lumbosacral spondylosis, and pain in thoracic spine. Medications included Cymbalta, Lyrica, MS Contin, Zanaflex and Percocet. As per progress report dated 04/29/15, diagnoses included chronic back pain status post back fusion, and uncontrolled hypertension. The patient is off work, as per progress report dated 04/29/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." In this case, a prescription for MS Contin is first noted in progress report dated 10/12/11. The reports also document the use of Percocet and Morphine sulfate. In progress report dated 04/20/15, the treater states that medications help reduce the pain from 8.5/10 to 6/10. As per the same report, most recent urine drug screen was consistent. The treater, however, does not provide specific examples that indicate an improvement in function. In fact, in the 04/22/15 report, the treater states, "that any physical activity increases pain. He states he has to spend most of his time in bed". No CURES report is available for review and the treater does not discuss the side effects of the opioid as well. MTUS requires a clear discussion regarding the impact of MS Contin on 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, the request is not medically necessary.

Lyrica 200 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs Page(s): 19-20.

Decision rationale: The 64 year old patient complains of back pain and shoulder pain, rated 6-9/10, as per progress report dated 05/18/15. The request is for Lyrica 200 mg #90. The RFA for this case is dated 04/22/15, and the patient's date of injury is 06/19/00. Diagnoses, as per progress report dated 05/18/15, included lumbar post-laminectomy syndrome, idiopathic peripheral neuropathy, lumbosacral spondylosis, and pain in thoracic spine. Medications included Cymbalta, Lyrica, MS Contin, Zanaflex and Percocet. As per progress report dated 04/29/15, diagnoses included chronic back pain status post back fusion, and uncontrolled hypertension. The patient is off work, as per progress report dated 04/29/15. MTUS Guidelines, pages 19-20, Anti-epilepsy Drugs section, have the following regarding Lyrica: "Pregabalin, Lyrica, no generic available, 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". It further states, "Weaning: Do not discontinue pregabalin abruptly and weaning should occur over 1-week period. Withdrawal effects have been reported after abrupt discontinuation". In this case, a prescription for Lyrica is first noted in progress report dated 10/12/11. It is not clear when this medication was initiated. The patient does suffer from neuropathic pain for which Lyrica is indicated. The treater, however, does not document efficacy in terms of reduction in pain and improvement in function, as required by the guidelines for all pain medications. Given the lack of relevant documentation, the request is not medically necessary.

One (1) spine consult: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Independent Medical Examinations and Consultations, Chapter 7 Page 127.

Decision rationale: The 64 year old patient complains of back pain and shoulder pain, rated 6-9/10, as per progress report dated 05/18/15. The request is for one (1) spinal consult. The RFA for this case is dated 04/22/15, and the patient's date of injury is 06/19/00. Diagnoses, as per progress report dated 05/18/15, included lumbar post-laminectomy syndrome, idiopathic peripheral neuropathy, lumbosacral spondylosis, and pain in thoracic spine. Medications included Cymbalta, Lyrica, MS Contin, Zanaflex and Percocet. As per progress report dated 04/29/15 included chronic back pain status post back fusion, and uncontrolled hypertension. The patient is off work, as per progress report dated 04/29/15. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: The occupational health practitioner may refer

to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The request for spinal consult is first noted in progress report dated 05/18/15. The treater does not explain the reason for his request. The patient does suffer from low back pain and may benefit from a spinal consult. Given the patient's condition, the request for a Consultation with Pain Management Consultation appears reasonable. Therefore, the request is medically necessary.