

Case Number:	CM15-0131257		
Date Assigned:	07/17/2015	Date of Injury:	05/05/2009
Decision Date:	08/20/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/07/2015

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: Massachusetts

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:

This is a 56 year-old male with a May 5, 2009 date of injury. A progress note dated June 30, 2015 documents subjective complaints (continues in severe pain due to no medications; lumbar spine pain down right leg; pain rated at a level of 8/10), objective findings (positive straight leg raise on the right; right antalgic gait; tenderness to palpation of the right paralumbar and right buttock; decreased sensation on the right at L5, S1), and current diagnoses (status post L4-L5 fusion with radiculopathy; status post spinal cord stimulator removal). Treatments to date have included lumbar spine fusion, medications, spinal cord stimulator, and imaging studies. The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included Tramadol, Duloxetine, and Diclofenac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Hcl 50mg #50: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Opioids Page(s): 93-94, 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, Page(s): 8, 76-80, 86.

Decision rationale: The claimant sustained a work injury in May 2009 and is being treated for radiating back pain. When seen, he had undergone removal of a spinal cord stimulator. He was having ongoing pain rated at 8/10. There was an antalgic gait. There was decreased right lower extremity sensation and right buttock and lumbar tenderness. Straight leg raising was positive. Medications are referenced as decreasing pain from 8/10 to 4/10 and helping the claimant to function. Tramadol, Duloxetine, and diclofenac were prescribed. Tramadol is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management. There were no identified issues of abuse or addiction. The total MED was less than 120 mg per day consistent with guideline recommendations. Medications had been providing pain relief with improved function. Prescribing Tramadol was medically necessary.

Duloxetine 30mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta), p43-44. Decision based on Non-MTUS Citation Cymbalta prescribing information.

Decision rationale: The claimant sustained a work injury in May 2009 and is being treated for radiating back pain. When seen, he had undergone removal of a spinal cord stimulator. He was having ongoing pain rated at 8/10. There was an antalgic gait. There was decreased right lower extremity sensation and right buttock and lumbar tenderness. Straight leg raising was positive. Medications are referenced as decreasing pain from 8/10 to 4/10 and helping the claimant to function. Tramadol, Duloxetine, and diclofenac were prescribed. In this case, the claimant has neuropathic pain and has undergone numerous treatments which appear to have been ineffective. In terms of Cymbalta (duloxetine), it can be recommended as an option in first-line treatment of neuropathic pain. The maximum dose is 120 mg per day. The requested dose of 30 mg per day is consistent with that recommended and was medically necessary.

Diclofenac 75mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, Page(s): 68-73.

Decision rationale: The claimant sustained a work injury in May 2009 and is being treated for radiating back pain. When seen, he had undergone removal of a spinal cord stimulator. He was having ongoing pain rated at 8/10. There was an antalgic gait. There was decreased

right lower extremity sensation and right buttock and lumbar tenderness. Straight leg raising was positive. Medications are referenced as decreasing pain from 8/10 to 4/10 and helping the claimant to function. Tramadol, Duloxetine, and diclofenac were prescribed. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of diclofenac is up to 150 mg per day. In this case, the requested dosing is within guideline recommendations and medically necessary.