

Case Number:	CM15-0134508		
Date Assigned:	07/22/2015	Date of Injury:	11/09/1995
Decision Date:	08/24/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/10/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 55-year-old male, who sustained an industrial injury on November 9, 1995, incurring low back injuries. He was diagnosed with lumbar disc disease with disc protrusion, and lumbar disc displacement. Treatment included pain medications, anti-inflammatory drugs, epidural steroid injection, pool therapy and multiple surgical interventions. He underwent a lumbar laminectomy in 2002. In 2008, a lumbar Magnetic Resonance Imaging showed degenerative changes, and in 2012, a lumbar Magnetic Resonance Imaging revealed bilateral facet arthrosis and hypertrophy. Currently, the injured worker complained of persistent low back pain, with decreased lumbar range of motion. The treatment plan that was requested for authorization included prescriptions for Cymbalta, Fioricet Butalbital, acetaminophen and Caffeine; and Viagra.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60 mg capsule Qty 30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain, Duloxetine Page(s): 13-16, pages 43-44.

Decision rationale: The MTUS Guidelines support the use of Cymbalta (duloxetine) for the management of some types of chronic pain. The literature has demonstrated good results with the use of duloxetine to manage fibromyalgia, and the FDA has approved the medication as first line treatment for anxiety, depression, and diabetic neuropathy. There is some evidence to support its use for the treatment of neuropathy not caused by diabetes and of radiculopathy overall. However, more information is needed to support its use longer than twelve weeks. In addition, the guidelines and literature specifically do not support the use of duloxetine for lumbar radiculopathy. The Guidelines recommend that regular assessments during treatment should include descriptions of pain outcomes, function, changes in the use of other pain medications, sleep quality and duration, psychologic assessments, and side effects. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the leg and headaches. The documented pain assessments did not include many of the above elements encouraged by the Guidelines with ongoing use of duloxetine. However, these records concluded the worker was suffering from depression, among other conditions. In light of this supportive evidence, the current request for thirty capsules of Cymbalta (duloxetine) 60mg is medically necessary.

Fioricet Butalbital/ APAP (acetaminophen)/ Caffeine Qty 60, 2 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate containing analgesic agents (BCAs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents, Weaning of Medications Page(s): 23, page 124.

Decision rationale: Fioricet (butalbital, acetaminophen, caffeine) is a combination medication in the barbiturate, general pain reliever, and stimulant classes. The MTUS Guidelines do not support the use of barbiturate-containing pain medicines because of the lack of literature showing benefit, potential negative side effects, and high-risk for addiction. The submitted and reviewed documentation contained no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for sixty tablets of Fioricet (butalbital, acetaminophen, caffeine) to be taken twice daily is not medically necessary. Because the potentially serious risks significantly outweigh the benefits in this situation based on the submitted documentation and because the worker was taking this medication only as needed, an individualized taper should be able to be completed with the medication the worker has available.

Viagra 100 mg tablet Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR.net.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sildenafil: Drug information. Topic 9643, version 139.0. Up-to-date, accessed 08/15/2015.

Decision rationale: Viagra (sildenafil) is a medication in the phosphodiesterase-5 enzyme inhibitor class. The MTUS Guidelines are silent on this issue. The FDA approves its use in treating erectile dysfunction and in certain cases of high pressure in the lungs. There is also literature to support its use in the treatment of erectile dysfunction that is caused by certain medications and specific types of problems with swallowing. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the leg and headaches. There was no recent detailed assessment suggesting any of the above situations or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for thirty tablets of Viagra (sildenafil) 100mg is not medically necessary.