

Case Number:	CM15-0134872		
Date Assigned:	07/23/2015	Date of Injury:	08/21/2007
Decision Date:	09/25/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/13/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 58 year old male, who sustained an industrial injury on 08/21/2007 when he reported injuring his low back, right ankle, right foot, and right hip. The injured worker is currently not working and permanent and stationary. The injured worker is currently diagnosed as having cervical spine cord compression with radiculopathy and right carpal tunnel syndrome. Treatment and diagnostics to date has included prior lumbar epidural injections, lumbar spine surgery, right foot surgery in 2010, left carpal tunnel surgery in 2008, left hip surgery in 2013, right hip surgery in 2011, psychotherapy, and medications. In a progress note dated 06/26/2015, the injured worker presented with complaints of low back pain which was rated 7 out of 10 on the pain scale with medications and 8 out of 10 without medications. The injured worker also had complaints of poor sleep. Objective findings included a slightly antalgic gait, restricted lumbar spine and right hip range of motion, and positive straight leg raise test on the right side. The treating physician is requesting authorization for Voltaren gel, Amitriptyline, Cymbalta, and Nucynta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel, qty #2, with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state Voltaren gel 1% (Diclofenac) has an FDA appropriation indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatment, such as the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip, or shoulder. According to the progress notes, the injured worker is using the Voltaren gel as needed for bilateral hip pain. The request is not in accordance with The MTUS guidelines. Additionally, the efficacy of the medication was not submitted for review, nor was it indicated that it helped with any functional deficits. Medical necessity for the requested topical gel has been not established. The requested 1% Voltaren Gel is not medically necessary.

Amitriptyline HCL 10mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Specific Antidepressants and Tricyclics Page(s): 13, 15, 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: According to the ODG, tricyclic antidepressants, such as Amitriptyline (Elavil) are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclic antidepressants are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken. After review of received medical records, the injured worker is being prescribed this medication for sleep, as needed. The physician stated that the injured worker had improvement in sleep in the planning section of the progress report and poor sleep in the subjective section, but no documentation was noted regarding effectiveness of pain relief, evaluation of function, or psychological response in regards to taking Amitriptyline. Medical necessity for the requested medication has not been established. The medication is not medically necessary.

Cymbalta 30mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Antidepressants and SNRIs Page(s): 15, 105.

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

Decision rationale: According to the California MTUS Guidelines, antidepressants are indicated for the treatment of chronic musculoskeletal pain. They are recommended as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. Cymbalta (Duloxetine) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, with effect found to be significant by the end of week 1 (effect measured as a 30% reduction in baseline pain). After review of received medical records, Cymbalta has been prescribed for musculoskeletal low back pain, neuropathic pain, and mood stabilization. However, the records do not indicate the effectiveness of pain relief, evaluation of function, sleep quality, or psychological response in regards to taking Cymbalta. Therefore, based on the Guidelines and the submitted records, the request for Cymbalta is not medically necessary.

Nucynta 75mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain, tapentadol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to severe pain may be added. According to ODG and MTUS, Nucynta is a centrally acting opioid analgesic. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. The treating physician does not document the least reported pain over the period since last assessment, intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, or improvement in function. These are necessary to meet the MTUS guidelines. Medical necessity of the requested item has not been established. Of note, discontinuation of Nucynta should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.