

Case Number:	CM15-0136521		
Date Assigned:	07/24/2015	Date of Injury:	02/13/2005
Decision Date:	09/23/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/14/2015

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 54 year old male who sustained an industrial injury on 02/13/06. Initial complaints and diagnoses are not available. Treatments to date include medications, TENS unit, and cervical fusion. Diagnostic studies include MRIs of the cervical and lumbar spine, which are not available for review in the submitted documentation. Current complaints include neck and low back pain Current diagnoses include chronic neck pain, cervical spondylosis and degenerative disc disease, cervical radiculopathy, chronic low back pain and radiculopathy, and lumbar herniated nucleus pulpous. In a progress note dated 05/04/15 the treating provider reports the plan of care as medications including OxyContin, Norco, Naprelan, Lidoderm Patch, Gralise, Prilosec, Cymbalta, and Ambien, as well as a TENS unit purchase and a Functional Restoration Program. The requested treatments include Cymbalta, Ambien, Norco, and OxyContin. The documentation supports the injured worker has been on the same dose of Norco since at least 09/29/14. The OxyContin dose was decreased on 05/04/15 the Ambien and Cymbalta are unchanged since 09/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13 and 14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 16 and 17.

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for Cymbalta 60mg #30. The RFA is dated 06/30/15. Treatments to date include medications, physical therapy, TENS unit, and cervical fusion (8/22/13). The patient is not working. Regarding Cymbalta, the MTUS guidelines page 16 and 17, Antidepressants 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." According to progress report 06/29/15, the patient presents with neck pain and low back pain that radiates into the lower extremities. He also complains of depression related to his chronic pain. Examination revealed mild tenderness over the cervical paraspinal and left upper trapezius muscles. Moderate lumbar paraspinal muscle tenderness on the left and positive SLR. Per report 05/04/15, medications help bring pain level down from 8-9/10 to 3-4/10. The patient has been prescribed Cymbalta since at least 11/24/14. In this case, the patient suffers from depression and presents with radicular symptoms. The reports also states that medications help decrease pain. Given the patient suffers from depression and neuropathic pain, with documented efficacy of Cymbalta, the request appears reasonable and is medically necessary.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Zolpidem (Ambien).

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for Ambien 10mg #30. The RFA is dated 06/30/15. Treatments to date include medications, physical therapy, TENS unit, and cervical fusion (8/22/13). The patient is not working. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008)" According to progress report 06/29/15, the patient presents with neck pain and low back pain that radiates into the lower extremities. He also complains of depression related to his

chronic pain. The patient has been utilizing Ambien for his insomnia since at least 09/24/14. ODG recommends Ambien for short-term (7-10 days) for the treatment of insomnia. The patient has been prescribed Ambien since 2014 and continued use of this medication is not in accordance with guidelines. Therefore, the request is not medically necessary.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-79 and 81.

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 and 89.

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for Norco 10/325mg #180. The RFA is dated 06/30/15. Treatments to date include medications, physical therapy, TENS unit, and cervical fusion (8/22/13). The patient is not working. 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 page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." According to progress report 06/29/15, the patient presents with neck pain and low back pain that radiates into the lower extremities. He also complains of depression related to his chronic pain. Examination revealed mild tenderness over the cervical paraspinal and left upper trapezius muscles. Moderate lumbar paraspinal muscle tenderness on the left and positive SLR. Per report 05/04/15, the patient continues to use Norco and OxyContin which provides "sustained pain relief. Medications help bring pain level down from 8-9/10 to 3-4/10. The patient's last UDS from 03/09/15 was consistent. The patient has been prescribed this medication since at least 11/24/14. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADLs or change in work status to document significant functional improvement with utilizing Norco. MTUS requires that all the 4As be addressed for long term opiate use. This request is not medically necessary.

Oxycontin 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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 and 89.

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for OxyContin 30mg #60. The RFA is dated 06/30/15. Treatments to date include medications, physical therapy, TENS unit, and cervical fusion (8/22/13). The patient is not working. 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 page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." According to progress report 06/29/15, the patient presents with neck pain and low back pain that radiates into the lower extremities. He also complains of depression related to his chronic pain. Examination revealed mild tenderness over the cervical paraspinal and left upper trapezius muscles. Moderate lumbar paraspinal muscle tenderness on the left and positive SLR. Per report 05/04/15, the patient continues to use Norco and OxyContin which provides 'sustained pain relief.' Medications help bring pain level down from 8-9/10 to 3-4/10. The patient's last UDS from 03/09/15 was consistent. The patient has been prescribed this medication since at least 11/24/14. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADLs or change in work status to document significant functional improvement with utilizing OxyContin. MTUS requires that all the 4As be addressed for long term opiate use. This request is not medically necessary and recommendation is for slow weaning per MTUS.