MAXIMUS Federal Services

Case Number:	CM15-0136802		
Date Assigned:	07/24/2015	Date of Injury:	07/29/2009
Decision Date:	08/25/2015	UR Denial Date:	06/25/2015
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, North Carolina
Certification(s)/Specialty: Family Practice

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 female, who sustained an industrial injury on 7/29/09. She has reported initial complaints of neck and back injuries after a slip and fall on a wet floor. The diagnoses have included brachial neuritis, cervicalgia, lumbago, cervical disc disease, headache, myalgia and myositis, lumbosacral spondylosis and sacroiliitis. Treatment to date has included medications, activity modifications, diagnostics, pain management, cervical spine surgery in 2014, injections, physical therapy, cervical collar and other modalities. Currently, as per the physician progress note dated 5/26/15, the injured worker complains of neck, low back and leg pain. The neck pain radiates to the left upper extremity, the low back pain continues with stiffness, and she rates the pain 3/10 on pain scale and states that her daily function improves with the use of medications. She reports headache, dizziness, abdominal pain, indigestion, heart burn, constipation, diarrhea, muscle pain, shoulder pain, back pain, morning stiffness, anxiety, depression and sleeping difficulties. The physical exam reveals cervical facet tenderness with palpation, trigger points in the head and neck are noted, there is tenderness over the occipital nerves bilaterally and tenderness over the spinous process in the cervical area. She was noted to be in a cervical collar. There is tenderness over the lumbar facet joints bilaterally with positive provocation test. There is tenderness over the lumbar process and the bilateral sacroiliac joint area reveals right and left sided pain. There is limited range of motion in the lumbar spine in all directions secondary to increased pain, tightness and stiffness with trigger points noted. There is diminished sensation in the upper and lower extremities. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical and lumbar spine. The

current medications included Soma, Percocet, Cymbalta, Promolaxin, Prilosec and Ambien. The urine drug screen dated 5/13/15 was consistent with the medications prescribed. The physician requested treatments included Percocet, Promolaxin and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 74-82.

Decision rationale: Percocet is an opioid analgesic recommended for neuropathic pain. Guidelines state that it should be used at the lowest dose for the shortest period of time to improve pain and function. In this case, there is no documentation of functional improvement (ADLs). There is no evidence of thorough opioid monitoring, including a pain contract or risk stratification. Guidelines state that opioids should be continued on a chronic basis if the patient has returned to work and has documented improved pain and function. In this case the benefits of Percocet are not adequately detailed. Without this documentation, the request for Percocet is not medically necessary.

Promolaxin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Guidelines Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: MTUS Chronic Pain Guidelines support the use of Promolaxin (Docusate sodium), a stool softener for the prophylactic treatment of constipation in patients taking chronic opioids. In this case, constipation is not addressed in the medical records. Ongoing documentation of the efficacy of Promlaxin is necessary to support its continued use, and this information is lacking. Therefore the request is deemed not medically necessary.

Cymbalta: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

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

Decision rationale: MTUS Guidelines support the use of antidepressants as first-line agents for neuropathic pain. Guidelines require an assessment of pain outcomes as well as an evaluation of function, changes in use of other medications, sleep quality and duration and psychological assessment. In this case, none of these requirements are addressed. As such, the request for Cymbalta is not medically necessary.