

Case Number:	CM15-0138857		
Date Assigned:	07/28/2015	Date of Injury:	01/16/1980
Decision Date:	08/25/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/17/2015

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: Emergency 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 59-year-old male, who sustained an industrial injury on 1/16/1980. The documentation regarding the initial injury and prior treatments to date were not included in the medical records submitted for this review. Diagnoses include failed back surgery syndrome, chronic lumbar radiculopathy, lumbar spondylosis, status post intrathecal pump implant and opioid dependence. Currently, he complained of ongoing pain in the low back, hip ankle and foot. Current medication listed included Actiq 800, MS Contin, Cymbalta, and Baclofen. Medications were noted to increase function and decreased pain. On 6/5/15, the physical examination documented no acute clinical findings. The plan of care included Actiq 800mcg, one twice a day #60; Baclofen 10mg, one tablet three times a day #90; Cymbalta 60mg daily, #30 with one refill; and MSER 60mg, one tablet four time a day #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

MSER 60mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82.

Decision rationale: The requested MSER 60mg #120 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has ongoing pain in the low back, hip ankle and foot. On 6/5/15, the physical examination documented no acute clinical findings. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, MSER 60mg #120 is not medically necessary.

Actiq 800mcg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12, 78, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82.

Decision rationale: The requested Actiq 800mcg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. CA MTUS 2009 Chronic Pain Treatment Guidelines do not recommend this opiate for the treatment of musculoskeletal pain and only recommend the use of this opiate for the treatment of breakthrough cancer pain. The injured worker has ongoing pain in the low back, hip ankle and foot. On 6/5/15, the physical examination documented no acute clinical findings. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Actiq 800mcg #60 is not medically necessary.

Cymbalta 60mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain, Pages 13-16.

Decision rationale: The requested Cymbalta 60mg #30 with 1 refill is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-16, note that 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. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy." CA MTUS 2009 Chronic Pain Treatment Guidelines do not recommend this opiate for the treatment of musculoskeletal pain and only recommend the use of this opiate for the treatment of breakthrough cancer pain. The injured worker has ongoing pain in the low back, hip ankle and foot. On 6/5/15, the physical examination documented no acute clinical findings. The treating physician has not documented the medical necessity for the use of this anti-depressant as an outlier to referenced guideline negative recommendations, nor failed trials of recommended anti-depressant medication, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Cymbalta 60mg #30 with 1 refill is not medically necessary.