

Case Number:	CM15-0144793		
Date Assigned:	08/05/2015	Date of Injury:	08/15/2000
Decision Date:	09/02/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 62 year old male who sustained an industrial injury on 8-15-2000. He reports back pain, right leg pain, right groin, pain, testicular pain, neck pain, and left shoulder pain. Diagnoses include low back pain, right leg symptoms, history of lumbar sprain strain with degenerative joint disease with severe facet overgrowth, history of right inguinal hernia repair wit ongoing inguinal and testicular and neuropathic pain persisting, left shoulder decompression with ongoing shoulder pain and limited range of motion, and history of cervical sprain strain with severe spondylosis. Treatment has included medications. Back examination revealed limited range. He could flex 20 degree and extend 5 degrees. Right and left straight leg raise were both 80 degrees causing right sided back pain that radiated in the right buttock and posterior thigh. Left shoulder revealed a positive impingement sign with crepitus on circumduction passively. Neck range was limited in all planes. Cervical compression caused neck pain, but did not radiate. The treatment plan included medications. The treatment request included Norco and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work-related injury in August 2000 and is being treated for neck, shoulder, radiating low back pain, and radiating lower abdominal. Medications are referenced as decreasing pain from 10/10 to 4-8/10 with 50% improvement in activities of daily living. When seen, there was right inguinal tenderness. There was decreased cervical and lumbar range of motion. There were findings of lumbar muscle spasms. There was decreased right lower extremity sensation and an absent ankle reflex. There was decreased left shoulder range of motion with crepitus and positive impingement testing. Norco was prescribed at a total MED (morphine equivalent dose) of 60 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (Hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain and improved activities of daily living. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Cymbalta 60mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Antidepressants for chronic pain. p15-16. (2) Duloxetine (Cymbalta), p43-44 Page(s): 15-16, 43- 44.

Decision rationale: The claimant has a remote history of a work-related injury in August 2000 and is being treated for neck, shoulder, radiating low back pain, and radiating lower abdominal. Medications are referenced as decreasing pain from 10/10 to 4-8/10 with 50% improvement in activities of daily living. When seen, there was right inguinal tenderness. There was decreased cervical and lumbar range of motion. There were findings of lumbar muscle spasms. There was decreased right lower extremity sensation and an absent ankle reflex. There was decreased left shoulder range of motion with crepitus and positive impingement testing. Norco was prescribed at a total MED (morphine equivalent dose) of 60 mg per day. Cymbalta (duloxetine) is FDA- approved for anxiety, depression, diabetic neuropathy, and fibromyalgia and is used off-label for neuropathic pain and radiculopathy. In this case, it is being prescribed both for neuropathic pain and reactive depression due to pain. The maximum dose is 120 mg per day. Cymbalta is an appropriate medication for this claimant and the requested dose is consistent with that recommended and medically necessary.