MAXIMUS Federal Services

Case Number:	CM15-0147692		
Date Assigned:	08/10/2015	Date of Injury:	08/27/2011
Decision Date:	09/08/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/29/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 was a 58 year old female, who sustained an industrial injury, August 27, 2011. The injured worker previously received the following treatments Cymbalta, Hysingla ER, Norco, Fluconazole, Meloxicam, Tylenol, Sulfamethexazole-tmp, left knee x-rays, lumbar spine MRI, physical therapy and EMG and NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral lower extremities. The injured worker was diagnosed with backache, lumbar radiculopathy, knee pain, severe lumbar degenerative joint disease and or degenerative disc disease, left knee pain and degenerative joint disease, right hip pain. According to progress note of July 17, 2015, the injured worker's chief complaint was lower backache and left knee pain. The pain was 7 out of 10. The pain level was 9 out of 10 without pain medications. The medications improved optimally functional and activities of daily living. The treatment plan included prescription renewals for Norco and Cymbalta as well as trial of Hysingla which was approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 120 count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for the use of Opioids Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing and ongoing management Page(s): 86 and 78-80.

Decision rationale: Norco 10/325 mg, 120 count is not medically necessary per the MTUS Guidelines. The MTUS recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation does not indicate that Norco has caused an increase in function. The documentation indicated that the patient was given a Hysingla 20mg daily trial. Hysingla 20mg with the combination of Norco four times daily would exceed the 120mg oral morphine equivalents daily recommended by the MTUS and therefore is not medically necessary.

Cymbalta 30 mg, thirty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: Cymbalta 30 mg, thirty count is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that after initiation of anti-epileptics such as Cymbalta treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The MTUS states that Cymbalta is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia and is used off-label for neuropathic pain and radiculopathy. The documentation does not indicate evidence of neuropathic pain. The documentation indicates that the patient has been on Cymbalta without any significant evidence of functional improvement or efficacy on the documentation submitted. Therefore the request for continued Cymbalta is not medically necessary.