

Case Number:	CM15-0163081		
Date Assigned:	08/31/2015	Date of Injury:	04/14/2010
Decision Date:	10/19/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/19/2015

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: New York
 Certification(s)/Specialty: Internal 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 38-year-old female who sustained an industrial injury on 04-14-2010. She reported lower back pain that radiated upwards to the thoracic spine and downwards into both legs. Treatment to date has included medications, physiotherapy and acupuncture. According to the most recent progress report submitted for review and dated 08-05-2015, the injured worker was seen for evaluation of low back pain and her psych claim. She continued to have a burning sensation in the lower back that would radiate down the left leg all the way to the foot. Following the recent additional chiropractic care, she had some improvement. However, she still walked with assistance of crutches. She also reported neck pain that radiated down both arms to her fingertips. The pain in the arms started before using the crutches. The provider recommended that she stop using the crutches. Cymbalta had been authorized but she was unable to pick this up yet. She tried Percocet in the past but it caused numbness down her body and she had to go to the emergency room. Ultracet was denied. Butrans was authorized but the pharmacy would not dispense this. She had been struggling and having a hard time coping with the pain levels. Current medications included Motrin, Norco (denied), Tizanidine (denied) and Cymbalta. A TENS unit was also listed under current medications. Medication allergies included Gabapentin. Diagnoses included persistent upper lumbar and lumbar spine pain radiating symptoms to the lower extremity, negative electrodiagnostic studies of the bilateral lower extremities from June 2010 and depression and anxiety due to her chronic pain. The provider noted that the injured worker had authorization for Motrin and Cymbalta and that a prescription was written for Motrin and Cymbalta for a 1-month supply. Norco and Tizanidine had been

denied and was being discontinued. Tizanidine helped the injured worker with muscle spasms and helped her sleep at night. The provider wrote a prescription for a trial Amitriptyline as a replacement. A prescription was also written for Hysingla 20 mg 1 a day #30 for 1 month. Authorization was also being requested for a psychological evaluation with a pain management psychologist. The injured worker was not currently working. She was limited to sedentary work. According to a previous progress report dated 07-08-2015, the injured worker had been taking Norco twice a day but there was about a 4-hour time span when she had pretty significant pain. Her pain level was not adequately controlled with the Norco at twice a day. Norco was increased to three times a day. Cymbalta was recommended for pain and mood. Currently under review is the request for Motrin 800 mg #60 twice a day, Cymbalta 30 mg #60 twice a day and Hysingla 20 mg #30 every day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #60 (BID): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Per MTUS, Non-steroidal anti-inflammatory drugs (NSAIDS) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. NSAIDS are recommended as a second-line treatment after acetaminophen for the treatment of acute exacerbations of chronic low back pain. In this case, documentation shows long term use of non-steroidal anti-inflammatory medication which is not recommended by guidelines. In addition, there is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Medical necessity for the requested treatment is not established. With MTUS guidelines not being met, the request for Motrin 800mg #60 (BID) is not medically necessary.

Cymbalta 30mg #60 (BID): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: MTUS states that antidepressants may be used as a first line option for neuropathic pain, but long-term effectiveness of these drugs has not been established. Cymbalta is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. The use of this drug for neuropathic pain and radiculopathy is off label. MTUS recommends that assessment of treatment efficacy should include pain outcomes, evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. In this case, the provider noted that the injured worker had been authorized for Cymbalta but she was unable to pick it up yet. Tizanidine had been denied, so he was replacing Tizanidine with Amitriptyline (tricyclic antidepressant). Tricyclic antidepressants are considered first line therapy unless they are not tolerated. It would seem appropriate to determine the efficacy of Amitriptyline before prescribing Cymbalta. Medical necessity for the requested treatment is not established. The request for Cymbalta 30mg #60 (BID) is not medically necessary.

Hysingla 20mg #30 QD: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Hysingla (hydrocodone).

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, and appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. ODG Official Disability Guidelines state that Hysingla is not recommended for first-line use for treatment of acute or chronic non-malignant pain. Short-acting opioids are recommended prior to use of long acting opioids. The FDA approved the extended-release (ER) single entity opioid analgesic hydrocodone bitartrate (Hysingla ER, [REDACTED]) with abuse-deterrent properties. Hysingla ER has properties that are expected to reduce, but not totally prevent, abuse of the drug when chewed and then taken orally, or crushed and snorted or injected. The product is indicated for treatment of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Opioids are not recommended as a first-line treatment for chronic non-malignant pain in Official Disability Guidelines. In this case, documentation shows long-term use of Norco. Norco (hydrocodone) had been increased to three times a day because there was about a 4-hour time span when the injured worker had significant pain with twice a day dosage. Her pain level was not adequately controlled with the Norco at twice a day. On 08-05-2015, the provider noted that Norco had been denied and the injured worker was prescribed Hysingla (Hydrocodone). Urine drug screens showing compliance with opioid therapy were not submitted for review. In

addition, there was a lack of objective evidence of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Medical necessity for the requested treatment was not established. The request for Hysingla 20mg #30 QD is not medically necessary.