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| Case Number: | CM15-0182212 | | |
| Date Assigned: | 09/23/2015 | Date of Injury: | 05/29/2012 |
| Decision Date: | 10/30/2015 | UR Denial Date: | 09/10/2015 |
| Priority: | Standard | Application Received: | 09/15/2015 |

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 43 year old male who sustained an industrial injury on 5-29-12. Diagnoses are noted as lumbosacral strain, myofascial pain-myositis, and sciatica. Previous treatment includes medications (inclusive of Hydrocodone and Cymbalta since at least 12-3-14), acupuncture, physical therapy, aqua therapy, home exercise, transcutaneous electrical nerve stimulation, and a Functional Restoration Program 7-6-15 to 8-21-15. In a Multidisciplinary Functional Restoration Evaluation dated 6-26-15, it is noted his pain level is in the moderate range on average, flaring to the severe range occasionally. He is maintained on Cyclobenzaprine, Duloxetine 20mg and Norco 10-325 60 tablets per month. It is noted he is independent in showering and cleaning and relies on his wife for activities of daily living. In a Functional Restoration progress report dated 8-12-15, the physician notes he has been seen for 6 weeks of functional restoration, and overall has increased his activity significantly and he is tolerating Cymbalta 20mg per day, Norco 2 per day and Flexeril 10mg at bedtime. In a Functional Restoration discharge summary dated 8-21-15, it is noted throughout the program he continued to experience pain in the mid and low back described as constant, throbbing and aching with occasional stabbing pain. Also noted is pain radiating into his bilateral posterior thighs. He reports that his average pain level remained between 7-8 out of 10 however he has been able to significantly increase his functional tolerances despite the pain. It is noted an attempt to decrease Norco from 2 per day to 1 and a half per day resulted in an increase in pain and a decrease in activity and he returned to 2 tabs per day after a one week trial. He also trialed an increase in Cymbalta from 20mg to 30mg; however he experienced dizziness and returned to the 20mg dosing. He remains on Flexeril. Discharge medications from the program are

Norco 10-325 twice a day, Flexeril 10mg at bedtime, and Cymbalta 20mg. A request for authorization is dated 8-12-15. The requested treatment of Cymbalta 20mg #30 with 3 refills and Hydrocodone 10- 325mg #60 was denied on 9-10-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 20mg take 1 tablet by mouth every bedtime #30, 3 refills: 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: The injured worker sustained a work related injury on 5-29-12. . The medical records provided indicate the diagnosis of lumbosacral strain, myofascial pain-myositis, and sciatica. Previous treatment includes medications (inclusive of Hydrocodone and Cymbalta since at least 12-3-14), acupuncture, physical therapy, aqua therapy, home exercise, transcutaneous electrical nerve stimulation, and a Functional Restoration Program 7-6-15 to 8-21-15. The medical records provided for review do not indicate a medical necessity for: Cymbalta 20mg take 1 tablet by mouth every bedtime #30, 3 refills. The MTUS recommend the antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. The Guidelines states that assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The medical records indicate the use of this medication predates 12/2014, but there is no indication of overall improvement and therefore is not medically necessary.

Hydrocodone 10/325mg take 1 tablet by mouth every 4-6 hours as needed #60: 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, Opioids for osteoarthritis.

Decision rationale: The injured worker sustained a work related injury on 5-29-12. The medical records provided indicate the diagnosis of lumbosacral strain, myofascial pain-myositis, and sciatica. Previous treatment includes medications (inclusive of Hydrocodone and Cymbalta since at least 12-3-14), acupuncture, physical therapy, aqua therapy, home exercise, transcutaneous electrical nerve stimulation, and a Functional Restoration Program 7-6-15 to 8-21-15. The medical records provided for review do not indicate a medical necessity f: Hydrocodone 10/325mg take 1 tablet by mouth every 4-6 hours as needed #60. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The

MTUS does not recommend the use of opioids for long-term treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior. Furthermore, the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been taking this medication at least since 12/2014 without overall improvement from the use of the medication and therefore is not medically necessary.