

Case Number:	CM15-0182403		
Date Assigned:	09/23/2015	Date of Injury:	11/09/2010
Decision Date:	10/27/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/16/2015

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 48 year old female, who sustained an industrial-work injury on 11-9-10. She reported initial complaints of back pain. The injured worker was diagnosed as having sacroiliitis, lumbosacral spondylosis without myelopathy, and morbid obesity. Treatment to date has included medication, diagnostics, surgery (anterior arthrodesis and discectomy of C5-6 and C6-7 on 1-8-15), left shoulder cortisone injection, ESI (epidural steroid injection), nerve root block, radiofrequency ablations. MRI results were reported on 11-9-10 that revealed tendinosis of the supraspinatus tendon and mild tendinosis in the left supraspinatus tendon. MRI (magnetic resonance imaging) on 11-4-11 of the cervical spine revealed mild cord compression at C6-7 due to disc-osteophyte, mild central cord compression at C5-6, neural foraminal stenosis most severe on the right at C6-7, straightening of the cervical segment with frank kyphosis and degeneration of C5-6 disc. EMG-NCV (electromyography and nerve conduction velocity test) was reported on 2013 revealed moderate right median neuropathy and mild left median neuropathy. Currently, the injured worker complains of pain rated 5 out of 10 to the neck and shoulder area. Norco and Cymbalta reduced pain by 50%. Other meds included Baclofen and Gabapentin. Per the primary physician's progress report (PR-2) on 6-23-15, exam noted BMI at 45, cervical tenderness, flattening of normal lumbar lordosis, straight leg raise positive on the left at 60 degrees, positive lumbar tenderness, positive Faber's, compression test, gait slightly antalgic. The Request for Authorization requested service to include Norco 10/325mg 1 tablet as needed for pain TID #90 and Cymbalta 60mg 1 capsule BID #60. The Utilization Review on 8-27-15 denied the request due to lack of documentation of efficacy on reducing pain and functioning with Norco and

Cymbalta, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1 tablet as needed for pain TID #90: Overturned

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, dosing, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in November 2010 and continues to be treated for low back pain with radicular symptoms. In February 2015, medications included Norco, gabapentin, and duloxetine. In April 2015, the duloxetine dose had been increased to 60 mg two times per day. In June 2015, gabapentin was no longer being prescribed. When seen, medications were decreasing pain by 50% and helping her to stay active and maintain functionality. Physical examination findings included a body mass index of over 46. There was flattening of the lumbar lordosis with positive left straight leg raising. Sacroiliac joint tests were positive bilaterally. There was bilateral sciatic notch tenderness. There was a slightly antalgic gait. She had decreased left lower extremity strength and sensation. Norco, baclofen, Lisinopril, aspirin, and duloxetine are being prescribed. 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 maintenance of function. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Cymbalta 60mg 1 capsule BID #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): Duloxetine (Cymbalta). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cymbalta prescribing information.

Decision rationale: The claimant sustained a work injury in November 2010 and continues to be treated for low back pain with radicular symptoms. In February 2015, medications included Norco, gabapentin, and duloxetine. In April 2015, the duloxetine dose had been increased to 60 mg two times per day. In June 2015 gabapentin was no longer being prescribed. When seen, medications were decreasing pain by 50% and helping her to stay active and maintain

functionality. Physical examination findings included a body mass index of over 46. There was flattening of the lumbar lordosis with positive left straight leg raising. Sacroiliac joint tests were positive bilaterally. There was bilateral sciatic notch tenderness. There was a slightly antalgic gait. She had decreased left lower extremity strength and sensation. Norco, baclofen, Lisinopril, aspirin, and duloxetine are being prescribed. Cymbalta (duloxetine) can be recommended as a first-line option in the treatment of neuropathic pain. However, no advantage has been found by increasing the dose to 120 mg, except in fibromyalgia. The claimant does not have a diagnosis of fibromyalgia and Cymbalta 60 mg two times per day is in excess of the recommended dose when treating neuropathic pain. For this reason, the request is not considered medically necessary.