

Case Number:	CM15-0186035		
Date Assigned:	09/28/2015	Date of Injury:	06/06/2012
Decision Date:	11/30/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/21/2015

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: California

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 58-year-old female, with a reported date of injury of 06-06-2012. The diagnoses include chronic spinal pain, disk annular disruption syndrome, chronic pain state with associated sleep and mood disturbance, minimal neuropathic dysesthesias, and a recent event of shoulder injury. Treatments and evaluation to date have included Baclofen, Duloxetine, Cymbalta 60mg #30 (since at least 04-2015), Docusate 100mg #60 (since at least 04-2015), Meloxicam 15mg #30 (since at least 04-2015), Omeprazole 20mg #30 (since at least 04-2015), Gabapentin 300mg #60 (since at least 04-2015), Duragesic 12mcg per hour #10 (since at least 04-2015), and Percocet 5-325mg #150 (since at least 04-2015). The diagnostic studies to date have included a urine drug screen on 05-26-2015 with consistent findings. The progress report dated 08-25-2015 indicates that the injured worker presented for back pain. The current pain was rated 8 out of 10; and on 07-23-2015, the pain was rated 6 out of 10. The pain was described as aching, stabbing, tearing, throbbing, shooting, tender, and "heavy in the back." The pain was located in the lumbar area, sacroiliac area, right leg, left leg, and mid-back. The objective findings included normal joints, bones, and muscles; decreased flexion of the right shoulder with pain, decreased extension of the right shoulder with pain, decreased abduction of the right shoulder with pain, significant pain along the trapezius, acromioclavicular joint, with numbness and tingling into the hand; orientation to people, place, and time with an appropriate mood and affect; decreased light touch sensation in the left L5 dermatome; positive left pelvic thrust; pain with bilateral Valsalva; positive left FABER maneuver; pain to palpation over the L3-4, L4-5, and L5-S1 facet capsules and the sacroiliac joint on the left; and pain with rotational extension which showed facet capsular tears, due to myofascial pain with triggering and ropey fibrotic banding and positive stork test on the left. The treating physician noted that there was no aberrant behavior, no side effects, and no signs of illicit drug abuse, diversion, or habituation. The treatment plan included the refill of

medications. The treating physician requested Cymbalta 60mg #30, Docusate 100mg #60, Meloxicam 15mg #30, Omeprazole 20mg #30, Gabapentin 300mg #60, Duragesic 12mcg per hour #10, and Percocet 5-325mg #150. The progress report dated April 13, 2015 indicates that the patient's medications provide substantial relief of pain including nociceptive, neuropathic, and inflammatory pain. No side effects are reported. The patient is on the lowest effective dose with about 60% improvement in pain. She has attempted to wean medication with increased pain, suffering, and decreased functional capacity. On 09-04- 2015, Utilization Review (UR) non-certified the request for Cymbalta 60mg #30, Docusate 100mg #60, Meloxicam 15mg #30, Omeprazole 20mg #30, Gabapentin 300mg #60, Duragesic 12mcg per hour #10, and Percocet 5-325mg #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60 mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Antidepressants for Chronic Pain, Venlafaxine (Effexor).

Decision rationale: Regarding the request for Cymbalta, ODG recommends Cymbalta as an option in first-line treatment of neuropathic pain. Cymbalta is a member of the Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) class of anti-depressants. It has FDA approval for treatment of depression and anxiety disorders, neuropathic pain, low back pain, and osteoarthritis. Guidelines indicate that a lack of response to anti-depressant medications may indicate other underlying issues. Within the documentation available for review, the requesting physician has identified that the patient overall medication regimen improves her pain 60% with improved function. No intolerable side effects are noted. It is acknowledged, that there should be better documentation regarding a specific analgesic benefit and objective functional improvement provided by this particular medication. However, a one-month prescription should allow the requesting physician time to better document those items. As such, the currently requested Cymbalta is medically necessary.

Docusate 100 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioid Induced Constipation Treatment.

Decision rationale: Regarding the request for Docusate, California MTUS does not contain criteria regarding constipation treatment. ODG states that opioid induced constipation is recommended to be treated by physical activity, maintaining appropriate hydration, and following a diet rich in fiber. Over-the-counter medication such as stool softener's may be used as well. Second line treatments include prescription medications. Within the documentation available for review, there are no recent subjective complaints of constipation. There is no statement indicating

whether the patient has tried adequate hydration, well-balanced diet, and activity to reduce the complaints of constipation should they exist. Additionally, there is no documentation indicating how the patient has responded to treatment with Docusate. In the absence of such documentation, the currently requested Docusate is not medically necessary.

Meloxicam 15 mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Regarding the request for Meloxicam, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, the requesting physician has identified that the patient overall medication regimen improves her pain 60% with improved function. No intolerable side effects are noted. It is acknowledged, that there should be better documentation regarding a specific analgesic benefit and objective functional improvement provided by this particular medication. However, a one-month prescription should allow the requesting physician time to better document those items. As such, the currently requested Meloxicam is medically necessary.

Omeprazole 20 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.

Gabapentin 300 mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Regarding request for Gabapentin, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, the requesting physician has identified that the patient overall medication regimen improves her pain 60% with improved function. No intolerable side effects are noted. It is acknowledged, that there should be better documentation regarding a specific analgesic benefit and objective functional improvement provided by this particular medication. However, a one-month prescription should allow the requesting physician time to better document those items. As such, the currently requested Gabapentin is medically necessary.

Duragesic 12 mcg/hr #10: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids (Classification), Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Duragesic, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. It is acknowledged, that there should be better documentation regarding a specific analgesic benefit and objective functional improvement provided by this particular medication. However, a one-month prescription should allow the requesting physician time to better document those items. As such, the currently requested Duragesic is medically necessary.

Percocet 5/325 mg #150: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Percocet, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. It is acknowledged, that there should be better documentation regarding a specific analgesic benefit and objective functional improvement provided by this particular medication. However, a one-month prescription should allow the requesting physician time to better document those items. As such, the currently requested Percocet is medically necessary.