

Case Number:	CM15-0194994		
Date Assigned:	10/08/2015	Date of Injury:	10/10/2014
Decision Date:	11/18/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	10/05/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 32 year old male, who sustained an industrial injury on 10-10-2014. The injured worker is being treated for lumbar strain, lumbar disk protrusion, insomnia, depression, weight gain, and sexual dysfunction. Treatment to date has included left knee surgery (6-2015), medications. Per the Primary Treating Physician's Progress Report dated 7-22-2015, the injured worker presented for follow-up. He reported low back pain with radiation to the bilateral lower extremities, left greater than right, and severity of pain as 6-7 out of 10 without medication and 1-2 out of 10 with medication. Current medications include Percocet and Celexa. Objective findings included tenderness at L4-5 and bilateral posterior, superior iliac spine on deep palpation. Per the documentation dated 6-24-2015 his pain was rated as 7 out of 10 without medications decreased to 2 out of 10 with medications. Per the most recent record, there is no documentation of significant improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. Work status was documented as "closed his case with open future medical care." The plan of care included medications. Authorization was requested on 8-20-2015 for Tramadol ER 150mg #30, Norco 10-325mg #60 and Duloxetine 30mg #60. On 8-31-2015, Utilization Review non-certified the request for Tramadol ER 150mg #30, Norco 10-325mg #60 and Duloxetine 30mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30: Upheld

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

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

Decision rationale: The California MTUS states: When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox- AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is documented significant improvement in VAS scores for significant periods of time with pain decreased from a 7/10 to a 1/10. There are no objective measurements of improvement in function or activity specifically due to the medication.. Therefore not all criteria for the ongoing use of opioids have been met and the request is not medically necessary.

Norco 10/325mg #60: Upheld

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

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

Decision rationale: The California MTUS states: When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox- AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is documented significant improvement in VAS scores for significant periods of time with pain decreased from a 7/10 to a 1/10. There are no objective measurements of improvement in function or activity specifically due to the medication.. Therefore not all criteria for the ongoing use of opioids have been met and the request is not medically necessary.

Duloxetine 30mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duloxetine (Cymbalta).

Decision rationale: The California MTUS section on Cymbalta and antidepressants states they are first line agents in the treatment of neuropathic pain of different origins. The patient has neuropathic pain and exam findings consistent with neuropathic pain. There are no listed contraindications to the medication and therefore the request is medically necessary.