

Case Number:	CM15-0195434		
Date Assigned:	10/09/2015	Date of Injury:	07/16/2010
Decision Date:	11/23/2015	UR Denial Date:	09/15/2015
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: California, Indiana, 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 65 year old male, who sustained an industrial injury on 7-16-2010. The injured worker was being treated for lumbago with right greater than left leg sciatica and left ankle pain with instability. Treatment to date has included diagnostics, left wrist surgery in 7-2011, left carpal tunnel surgery in 10-2011, and medications. On 8-28-2015, the injured worker complains of low back pain, bilateral leg pain, and left ankle pain with weakness and antalgic gait. Pain was not currently rated. He was not working and was "currently disabled". It was documented that he underwent cardiac catheterization with stenting a few weeks prior as the result of a cardiac event. He desired to go through with lumbar spine surgery but was declined clearance by cardiologist ("hold off on any elective surgeries for the next 6-12 months"). His past medical history included cardiovascular disease, insulin dependent diabetes, and hypertension. Medications included Soma (since at least 11-17-2014), Butrans, Vicodin (since at least 3-11-2015), Cymbalta (since at least 3-11-2015), Ecotrin, Clopidogrel, Lisinopril, Tamsulosin, Gabapentin, Fluoxetine, Lipitor, Metoprolol, Vitamin D, Lantus, and Humalog. Exam of the lumbar spine noted a well healed incision, and the ability to flex forward, touching about 6 inches off the ground, bilateral tilt 10 degrees, and extension 15 degrees, with right low back pain. Diffuse hypesthesia was noted in patchy non-dermatomal distribution to both lower extremities below the knees. Strength was 5 of 5 in the lower extremities. His mood was not described. Electromyogram and nerve conduction studies of the lower extremities (9-2014) were consistent with bilateral L5-S1 radiculopathy. Medication renewal was recommended regarding his depression, spasms, and pain. Urine toxicology was not noted. Per the Request for

Authorization dated 9-08-2015, the treatment plan included Norco 5-325mg #102, Soma 350mg #135, and Duloxetine HCL 60mg #60, non-certified by Utilization Review on 9-15-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #102: Upheld

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

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 section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 5/325mg # 102 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbago with the right greater than left leg sciatica; and left ankle pain with instability. Date of injury is July 16, 2010. Request for authorization is September 6, 2015. According to a November 17, 2014 progress note, subjective complaints include right shoulder and low back pain. Injured worker has a history of diabetes mellitus, hypertension and heart problems. Current medications include Soma 350 mg. The injured worker does not recall the additional medications. A pharmacy printout with indicates hydrocodone 5 mg was prescribed October 8, 2014 and duloxetine was prescribed January 28, 2015. According to the most recent progress note dated August 28, 2015, subjective complaints include low back pain and bilateral leg pain. The injured worker underwent recent heart catheterization. Medications include Soma, Butrans, Cymbalta and Vicodin 5 mg. There is no documentation demonstrating objective functional improvement with Vicodin. (The pharmacy printout lists Norco (hydrocodone 5/325mg) as the ongoing medication). There are no detailed pain assessments or risk assessments in the medical record. There has been no attempt at weaning Norco/Vicodin. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no detailed pain assessments or risk assessments and no documentation of attempted weaning. Therefore, the request for Norco 5/325mg # 102 is not medically necessary.

Soma 350mg #135: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 350 mg #135 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are lumbago with the right greater than left leg sciatica; and left ankle pain with instability. Date of injury is July 16, 2010. Request for authorization is September 6, 2015. According to a November 17, 2014 progress note, subjective complaints include right shoulder and low back pain. Injured worker has a history of diabetes mellitus, hypertension and heart problems. Current medications include Soma 350 mg. The injured worker does not recall the additional medications. A pharmacy printout with indicates hydrocodone 5 mg was prescribed October 8, 2014 and duloxetine was prescribed January 28, 2015. According to the most recent progress note dated August 28, 2015, subjective complaints include low back pain and bilateral leg pain. The injured worker underwent recent heart catheterization. Medications include Soma, Butrans, Cymbalta and Vicodin 5 mg. There is no documentation demonstrating objective functional improvement with Soma. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. There is no documentation of acute low back pain or an acute exacerbation of chronic low back pain. The treating provider prescribed Soma as far back as November 2014. The guidelines recommend short-term use and the treating provider continued Soma in excess of 10 months. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, continued treatment in excess of 10 months with guideline recommendations for short-term (less than two weeks) use and no documentation demonstrating objective functional improvement, Soma 350 mg #135 is not medically necessary.

Duloxetine HCL 60mg #60: Upheld

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

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) Pain section, Cymbalta.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Duloxetine HCL (Cymbalta) 60 mg #60 is not medically necessary. Cymbalta is recommended as an option in first-line treatment of neuropathic pain. Is FDA approved for treatment of depression, generalized anxiety disorder, and treatment of

diabetic neuropathy. The effect is found to be significant by the end of week one. In this case, the injured worker's working diagnoses are lumbago with the right greater than left leg sciatica; and left ankle pain with instability. Date of injury is July 16, 2010. Request for authorization is September 6, 2015. According to a November 17, 2014 progress note, subjective complaints include right shoulder and low back pain. Injured worker has a history of diabetes mellitus, hypertension and heart problems. Current medications include Soma 350 mg. The injured worker does not recall the additional medications. A pharmacy printout with indicates hydrocodone 5 mg was prescribed October 8, 2014 and duloxetine was prescribed January 28, 2015. According to the most recent progress note dated August 28, 2015, subjective complaints include low back pain and bilateral leg pain. The injured worker underwent recent heart catheterization. Medications include Soma, Butrans, Cymbalta and Vicodin 5 mg. There is no documentation demonstrating objective functional improvement with duloxetine. There is no documentation of depression in the medical record. There is no documentation of diabetic neuropathy in the medical record. There is no clinical indication or rationale for duloxetine in the medical record. Based on the clinical facts in the medical record, peer-reviewed evidence-based guidelines, no documentation of depression or diabetic neuropathy (indications for duloxetine) and no documentation demonstrating objective functional improvement, Duloxetine HCL (Cymbalta) 60 mg #60 is not medically necessary.