

Case Number:	CM15-0196158		
Date Assigned:	10/09/2015	Date of Injury:	06/19/2002
Decision Date:	11/18/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/06/2015

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: Arizona, California
 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 63 year old female, who sustained an industrial injury on June 19, 2002, incurring left ankle, and bilateral shoulder injuries. She was diagnosed with left ankle osteoarthritis, and bilateral shoulder impingement syndrome. Treatment included pain medications, antidepressants, neuropathic medications, and activity restrictions. The injured worker had been ordered on pain medications and antidepressants from the time of her injury. Currently, the injured worker complained of continued pain in her left ankle and shoulders as well as depression from her injuries. She noted difficulty walking distances and weight bearing and using her arms for any length of time. She was diagnosed with chronic pain syndrome and situational depression. The treatment plan that was requested for authorization included prescriptions for Kadian 20 mg, #60, quantity 720; Duloxetine 30 mg, #30, quantity 260; and Duloxetine 60 mg, #30, quantity 180. On September 18, 2015, a request for prescriptions Kadian for 12 months was modified to one month; Duloxetine 30 mg for 12 months was modified to 6 months; Duloxetine 60 mg for 12 months was modified to 6 months by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 20mg #60, every month for the next twelve months QTY 720: 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, Opioids for neuropathic pain, Opioids, long-term assessment, Oral morphine.

Decision rationale: Kadian is Morphine. According to the guidelines, Morphine is not 1st line for mechanical pain. Although it may be used for refractory chronic pain, the controlled substance requires routine follow-up monitoring of medication use, pain response documentation, etc. In this case, the claimant was on Kadian for several months. Pain reduction with use of medications was not consistently noted. Future response and need cannot be predicted. Long-term use is not recommended and the Kadian with 12 months of refills is not medically necessary.

Duloxetine 30mg #30, every month for the next twelve months QTY 360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental chapter and pg 16.

Decision rationale: Duloxetine is an SNRI antidepressant. Antidepressants are an option, but there are no specific medications that have been proven in high quality studies to be efficacious for treatment of lumbosacral radiculopathy. SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition. The claimant had been on Duloxetine for several months. There were urine studies as noted in May 2015 which did not show Duloxetine. Recent behavioral specialist progress notes were not noted to support long-term use. Therapeutic response was not consistently noted. The continued use of Duloxetine 30 mg for 12 months is not supported by any evidence and is not medically necessary.

Duloxetine 60mg #30, every month for the next twelve months QTY 360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental chapter and pg 16.

Decision rationale: Duloxetine is an SNRI antidepressant. Antidepressants are an option, but there are no specific medications that have been proven in high quality studies to be efficacious

for treatment of lumbosacral radiculopathy. SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition. The claimant had been on Duloxetine for several months. There were urine studies as noted in May 2015 which did not show Duloxetine. Recent behavioral specialist progress notes were not noted to support long-term use. Therapeutic response was not consistently noted. The continued use of Duloxetine 60 mg for 12 months is not supported by any evidence and is not medically necessary.