

Case Number:	CM15-0197279		
Date Assigned:	10/12/2015	Date of Injury:	05/13/2002
Decision Date:	12/17/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/07/2015

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: Emergency 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 46 year old male who sustained an industrial injury on 5-13-02. Diagnoses are noted as pain in joint shoulder, cervicobrachial syndrome, chronic pain syndrome, and low back pain. In a progress report dated 9-15-15, the physician notes complaints of headaches, and pain of the neck, upper back, left arm, right low back, right and left hamstring, and right and left calf. Pain is reported to have increased since the last visit and is rated at 8-9 out of 10 before medications and 5-6 out of 10 after medications. (Pain on 8-17-15 and 6-22-15 is rated at 7 out of 10) Quality of sleep is reported to be fair, averaging 4 hours per night. An increase in social activity and small increase in activities of daily living is reported. Objective exam notes tenderness of the cervical paravertebral muscles-left and trapezius, motor testing is limited by pain, sensory deficits are noted in the left upper extremity. A toxicology screen and CURES (controlled substance utilization review and evaluation system) was documented as reviewed and appropriate. Previous treatment includes home exercise, ice, heat, and medication (Lyrica, Trazodone, Cymbalta, and Norco documented since at least 12-9-14). The requested treatment of Norco 10-325mg #180, Cymbalta 60mg #60, Lyrica 50mg #60 and Trazodone 50mg #30 was denied on 10-5-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. While there is appropriate documentation of some benefit along with appropriate monitoring, provider has failed to document any short or long term plan in the last 6 months of reports. Last attempt of documented weaning was from 12/2014 with no noted side effects or any other attempt. It is unclear why continued weaning was not followed through. Chronic use of opioids is not recommended by guidelines without clear indication or plan. Therefore the request is not medically necessary.

Cymbalta 60 mg #60: 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): Antidepressants for chronic pain.

Decision rationale: Cymbalta/Duloxetine is a type of SNRI anti-depressant medication. As per MTUS Chronic pain guidelines, anti-depressants may be considered for neuropathic pain. There is some documented objective improvement in pain or function with patient being noted to be stable on current regimen. There is also some documentation of depression and anxiety symptoms but provider has not documented any assessment or treatment by a psychiatrist. Continued Cymbalta is supported documentation for chronic neuropathic C7-T1 radicular pain. Therefore the request is medically necessary.

Lyrica 50 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: As per MTUS Chronic pain guidelines, Antiepilepsy drugs (AEDs) may be useful in neuropathic pain but data is limited. Lyrica is FDA approved for diabetic neuropathy and postherpetic neuralgia only. It is sometimes used for low back pain and radicular pain but there are no good studies to support its use in cervical spinal stenosis and radicular pains. Evidence does not support the use of this medication on patient's pathology. Lyrica is not medically necessary.

Trazodone 50 mg #30: Upheld

Claims Administrator 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, Work Loss Data Institute (20th Annual Edition), 2015, Pain (Chronic), Trazodone; Mental Illness and Stress Chapter, Trazodone.

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

Decision rationale: Trazodone is a type of anti-depressant medication that is sometimes used for sleep. As per MTUS Chronic pain guidelines, anti-depressants may be considered for neuropathic pain. However, it is a 2nd line medication. There is no documentation of prior attempts at other 1st line anti-depressants. There is no noted improvement in sleep or mood with this medication. Use of a 2nd line antidepressant with no documentation of 1st line failure and no benefit for sleep does not support this request. The request for Trazodone is not medically necessary.