

Case Number:	CM15-0199496		
Date Assigned:	10/14/2015	Date of Injury:	03/05/2014
Decision Date:	11/25/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/09/2015

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: Washington, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 40 year old male who sustained an industrial injury on 3-5-14. The injured worker was diagnosed as having lumbago, lumbar sprain and strain, lumbosacral intervertebral disc degeneration, and pain in the thoracic spine. Treatment to date has included 6 physical therapy visits, 6 chiropractic treatments, a functional restoration program, and medication including Norco, Flexeril, Tramadol, Motrin, and Cymbalta. The injured worker had been taking Ibuprofen since at least March 2015, Cymbalta since at least August 2015 and Ultram since at least September 2015. The provider progress note on 9-22-15 reported the injured worker continued to complain of low back pain with left upper and lower extremity dysesthesias. The recent trail with Cymbalta had helped with the symptoms of depression secondary to his chronic pain condition as well as anxiety from the pain. On 8-10-15 and 9-22-15 pain was rated as 7/10. Physical examination findings included tenderness along the left lumbar paraspinal area. Reflexes and motor testing was intact in bilateral lower extremities and a straight leg raise test was positive on the left. On 9-24-15 the treating physician requested authorization for Ibuprofen 800mg #90 with 1 refill, Cymbalta 60mg #30 with 1 refill, and Ultram 50mg #60 with 1 refill. On 9-30-15 the requests were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #90 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Low Back Complaints 2004, Section(s): Initial Care, Summary, and 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: Ibuprofen (Motrin) is a non-steroidal anti-inflammatory medication (NSAID). It is recommended to treat mild to moderate pain. It is available over-the-counter as 200 mg tablets and by prescription as 400 mg and 800 mg tablets. The MTUS notes that doses over 400 mg do not provide greater pain relief. NSAIDs as a group are recommended for treatment of osteoarthritis and for short-term use in treating symptomatic pain from joint or muscle injury. In fact, MTUS guidelines notes that studies have shown use of NSAIDs for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and perhaps even cause hypertension. This patient has had stable chronic pain for over 12 weeks and thus can be considered past the point where NSAIDs should be of value in treatment unless used short-term for exacerbation of the patient's chronic injuries. As the records show the patient's recent functional restoration program changed medication so that patient now uses the Motrin on an as needed basis. Thus, use of ibuprofen remains an option in therapy although, as noted above, the patient would benefit as much from a 400 mg dose as the prescribed 800 mg dose. Medical necessity for has been established.

Cymbalta 60mg #30 with 1 refill: 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 Low Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Duloxetine (Cymbalta).

Decision rationale: Cymbalta (duloxetine) is a serotonin-norepinephrine reuptake inhibitor (SNRI) indicated for the treatment of major depressive disorder, generalized anxiety disorder (GAD), fibromyalgia and neuropathic pain. The MTUS recommends tricyclic or SNRI antidepressants as a first line option for control of neuropathic pain and tricyclics as a possibility for treatment of non-neuropathic pain. Studies have shown that pain relief from Cymbalta is greater in patients with comorbid depression. This patient has comorbid depression and reports improvement in her symptoms since starting this medication. There are no contraindications for continued use of Cymbalta. Medical necessity has been established.

Ultram 50mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, 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.

Decision rationale: Ultram (tramadol) an opioid pain medication used to treat moderate to moderately severe pain with usual dosing every 6-8 hours. It acts by binding to the opioid receptor but it also inhibits the reuptake of serotonin and norepinephrine. Because of this second activity, it must be used cautiously in patients taking serotonin reuptake inhibitor medications as the combined medications may precipitate a life-threatening serotonin syndrome event. Studies have shown the effectiveness of this medication to control pain for up to three months but there are no long-term studies available showing effectiveness of chronic use. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have criteria for the safe use of chronic opioids. This patient has used Ultram in the past with good results. However, the patient is now taking Cymbalta, a serotonin-norepinephrine reuptake inhibitor. Using Ultram is now relatively contraindicated as noted above. If opioid medications are needed then a trial of other opioids would be safer for the patient. Medical necessity has not been established.