

Case Number:	CM15-0200064		
Date Assigned:	10/15/2015	Date of Injury:	12/29/2006
Decision Date:	11/24/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/12/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 53-year-old female who sustained an industrial injury December 29, 2006. History included Class IV chronic venous insufficiency of her bilateral lower extremities. Diagnoses are chronic lumbar radiculopathy; neuralgia, neuritis, radiculitis, unspecified; post-laminectomy syndrome, lumbar region. According to a primary treating physician's pain management progress report dated August 10, 2015, the injured worker presented with increased pain. The pain is constant at the lumbosacral junction extending to both buttocks with a focus at the coccyx. She reports pain and numbness in the bilateral lower extremities, with more numbness on the left leg. She rated the pain 5-10 out of 10 with medication and 10 out of 10 without medication. She reports her vascular issues are coming from her spine and a requested ultrasound was denied. Current medication included Opana ER, Opana, Cymbalta, ibuprofen, Mobic, and Prevacid. She reported with medication she is able to walk, go to the grocery store, and perform light cleaning. The physician documented after weaning she is on the lowest dose to keep her functional. Without Prevacid, she complains of burning in the esophagus. The physician documented August 13, 2015 urine drug screen in compliance and medication is only from this office. Physical examination revealed gait is antalgic, with limp on the right, and using a one- point cane; there is venous discoloration in both legs with trace pitting edema. At issue is a request for authorization for Cymbalta, Oxymorphone and Prevacid (all since at least May 14, 2015). A report of a venous insufficiency evaluation dated July 20, 2015, is present in the medical record. According to utilization review dated September 29, 2015, the requests for Cymbalta 60mg oral 30 cap 5 refills and Prevacid 30mg oral 60 cap 5 refills were non-certified.

The request for Oxymorphone ER (Opana ER) 10 mg tablets sustained released was medically necessary and appears to be modified for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg oral 30 capsules with five refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): SSRIs (selective serotonin reuptake inhibitors).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): SSRIs (selective serotonin reuptake inhibitors).

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, Selective serotonin and norepinephrine reuptake inhibitors, page 15, states that Cymbalta is an antidepressant/selective serotonin and norepinephrine re-uptake inhibitor (SNRI). It is utilized in management of depression and pain associated chronic conditions. The patient has been on Cymbalta and has demonstrated functional improvement, percentage of relief, and increase in activity. However, 5 refills is not certified as this patient should undergo an interval evaluation for efficacy of this medication regimen. CA MTUS states: "Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. (Additional side effects are listed below for each specific drug.) It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks." As 5 refills of this medication is too lengthy without monitoring of clinical efficacy, the determination is not medically necessary.

Oxymorphone extended release (Opana Extended Release) 10mg tablet sustained release: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

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

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the

patient's decreased pain, increased level of function, or improved quality of life. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 8/13/15. Therefore, the determination is not medically necessary.

Prevacid 30mg oral 60 capsules with five refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Proton Pump Inhibitors.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, regarding Proton pump inhibitors (PPIs).

Decision rationale: The CA MTUS does not address proton pump inhibitors such as Nexium and Prevacid. According to the Official Disability Guidelines, Pain section, regarding Proton pump inhibitors (PPIs), "Recommended for patients at risk for gastrointestinal events. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. For many people, Prilosec is more affordable than Nexium. Nexium is not available in a generic (as is Prilosec)." In this particular case, there is sufficient evidence in the records from 8/10/15 that the patient has gastrointestinal symptoms or at risk for gastrointestinal events. However, 5 refills is not certified as this patient should be re-evaluated periodically in order to assess for clinical efficacy. Therefore, the request for Prevacid is not medically necessary and non-certified.