

Case Number:	CM15-0022910		
Date Assigned:	02/12/2015	Date of Injury:	08/09/2000
Decision Date:	03/31/2015	UR Denial Date:	01/10/2015
Priority:	Standard	Application Received:	02/06/2015

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: 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 64 year old female who sustained a work related injury on August 9, 2000, where she incurred neck and back injuries. Treatment consisted of pain medications, acupuncture, lumbar spine fusion and facet blocks. She was diagnosed with a thoracic compression fracture secondary to trauma, lumbar degenerative disc disease with intractable low back pain, cervical degenerative disc disease with chronic neck pain, and failed lumbar back surgery syndrome. Currently, in September 2014, the injured worker complained of new left arm tingling and numbness and left hip pain that radiates to the knee. On February 18, 2015, a request for a prescription of Oxycodone 5/325 mg #180 was modified to Oxycodone 5/325 mg #51; Amitiza 24mcg #180 was modified to Amitiza 24mcg #60; one prescription for Cymbalta 30 mg, #90 was non-certified; and one prescription of Cymbalta 60 mg, #90 was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Chronic Pain Medical Treatments Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Oxycodone 5/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regarding Percocet; Weaning of medication.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS- Opioid treatment for chronic pain Page(s): 91-97.

Decision rationale: The documentation indicates the enrollee has been treated with chronic opioid therapy with Oxycodone 5/325 for pain control. Per California MTUS Guidelines, short-acting opioids are seen as an effective method in controlling chronic pain. They are often used with long-acting opioids for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient has continued pain despite the use of chronic opioid therapy. The patient should be weaned off opioid therapy according to the established protocol. Medical necessity for the continued use of Oxycodone has not been established. The requested treatment is not medically necessary.

1 Prescription of Amitiza 24mcg #180: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Pain

Decision rationale: Per ODG, Amitiza is a second-line treatment for opioid-induced constipation. ODG states that if opioids are appropriate for the treatment of pain then prophylactic treatment of constipation should be initiated. Opioid-induced constipation is a common adverse effect of long-term opiate use because of the binding of opioids to peripheral opioid receptors in the gastrointestinal tract, resulting in absorption of electrolytes and reduction in the small intestine fluid. In this case with non-approval of opioid use, the medical necessity of this medication is not established. The requested medication is not medically necessary.

1 Prescription of Cymbalta 60mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS- Antidepressant for chronic pain Page(s): 13, 15-16.

Decision rationale: According to the California MTUS Guidelines, antidepressants are indicated for the treatment of chronic pain. They are recommended as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. The documentation indicates the patient has both neuropathic pain and depression. Per the documentation, the use of Cymbalta in this patient's medical regimen has proven beneficial. Medical necessity for the requested medication has been established. The requested medication is medically necessary.

1 Prescription of Cymbalta 30mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS- Antidepressant for chronic pain Page(s): 13, 15-16.

Decision rationale: According to the California MTUS Guidelines, antidepressants are indicated for the treatment of chronic pain. They are recommended as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. The documentation indicates the patient has both neuropathic pain and depression. Per the documentation, the use of Cymbalta in this patient's medical regimen has proven beneficial. Medical necessity for the requested medication has been established. The requested medication is medically necessary.