

Case Number:	CM15-0023380		
Date Assigned:	02/12/2015	Date of Injury:	05/26/2006
Decision Date:	03/30/2015	UR Denial Date:	02/04/2015
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: California, Indiana, 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 62 year old male who sustained an industrial fall injury to the knee, ankle and back on May 26, 2006. The injured worker underwent right knee arthroscopy times 2 (2007 and 2009), open reduction internal fixation left wrist in May 2009, a lumbar fusion L4-S1 in 2010 and a right rotator cuff repair in March 2011. According to the primary treating physician's progress report on January 27, 2105, the injured worker continues to experience low back pain with right lower extremity radiation and guarding on forward flexion and extension. Tenderness and swelling about the right knee with grossly positive straight leg raise was noted. The right lower extremity was documented as weak with a weak dorsiflexion and numbness in the right lateral foot. The injured worker received a Toradol injection at this office visit. Current medications consist of Mirtazapine, Duloxetine, Hydrocodone, Omeprazole, Lidoderm Patch and Cymbalta. Treatment modalities consist of caudal epidural steroid injection (ESI) in April 2014 and June 2014 with significant improvement (70%). The treating physician requested authorization for certification for Cymbalta 60mg quantity 60 with 6 refills; three monthly pain management follow up visits; Miralax 1x30 pack with 2 refills. On February 4, 2015 the Utilization Review denied certification for Miralax 1x30 pack with 2 refills. On February 4, 2015 the Utilization Review modified the authorization for Cymbalta 60mg quantity 60 with 6 refills to Cymbalta 60mg quantity 60 with 2 refills and the three monthly pain management follow-up visits to Pain Management follow up visit times 1. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines, and the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg quantity 60 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): s 43-44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 42. Decision based on Non-MTUS Citation Pain section, Cymbalta

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Cymbalta 60 mg #60 with six refills is not medically necessary. Cymbalta is recommended as an option in first-line treatment of neuropathic pain. Is FDA approved for treatment of depression, generalized anxiety disorder, and treatment of diabetic neuropathy. The effect is found to be significant by the end of week one. In this case, the injured worker's working diagnoses are right shoulder sprain; status post rotator cuff repair roughly March 2011; left wrist fracture status post open reduction internal fixation; lumbar sprain status post lumbar fusion with left lower extremity radiculopathy; right knee sprain; right foot/ankle sprain; reactive anxiety and depression; hypertension; chronic pain; and EMG positive right median sensory neuropathy. There is no documentation in the medical record with a clinical indication or rationale for Cymbalta. The documentation does state a psychiatrist was treating the patient with Cymbalta. However, Cymbalta was denied by the carrier and the treating physician psychiatrist opted to not treat the patient any longer. There is no additional documentation in the medical record regarding indications or clinical rationale. Consequently, absent clinical documentation to support ongoing Cymbalta, Cymbalta 60 mg #60 with six refills is not medically necessary.

Miralax 1x30 pack with 2 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 (ODG), Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.empr.com/miralax/drug/1408/>

Decision rationale: Pursuant to the MPR, Mirilax one times 30 with 2 refills is not medically necessary. Mirilax is an osmotic agent for treatment of constipation. See the attached link for details. In this case, the injured worker's working diagnoses are right shoulder sprain; status post rotator cuff repair roughly March 2011; left wrist fracture status post open reduction internal fixation; lumbar sprain status post lumbar fusion with left lower extremity radiculopathy; right knee sprain; right foot/ankle sprain; reactive anxiety and depression; hypertension; chronic pain; and EMG positive right median sensory neuropathy. The documentation shows the injured worker was using Docusate for constipation. On October 6, 2014, the docusate was changed to Mirilax. There is no clinical indication or clinical rationale for the change from one agent to another. The treating physician noted in the medical record dated January 27, 2015 that Mirilax

was appropriate to offset severe constipation that can be fatal in the setting of someone taking opiates. Consequently, absent clinical documentation with the clinical indication and or rationale for the change of one constipation agent (Docusate) for another (Mirilax), Mirilax one times 30 with 2 refills is not medically necessary.

Three monthly pain management follow up visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations, Page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, Page 127-8. Decision based on Non-MTUS Citation Pain section, Office visits

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, three monthly pain management follow-up visits are not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are right shoulder sprain; status post rotator cuff repair roughly March 2011; left wrist fracture status post open reduction internal fixation; lumbar sprain status post lumbar fusion with left lower extremity radiculopathy; right knee sprain; right foot/ankle sprain; reactive anxiety and depression; hypertension; chronic pain; and EMG positive right median sensory neuropathy. The documentation does not contain a clinical indication or rationale for monthly follow up visits. A clinical office visit is individualized based upon review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. Follow-up visit can be determined at the time of each visit after an evaluation and examination. Consequently, absent clinical documentation to support three monthly pain management follow-up visits, three monthly pain management follow-up visits are not medically necessary.