

Case Number:	CM15-0024161		
Date Assigned:	02/13/2015	Date of Injury:	06/26/1996
Decision Date:	03/31/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/09/2015

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: Texas, Ohio, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 26, 1996. In a utilization review report dated January 15, 2015, the claims administrator partially approved a request for Percocet and Cymbalta, seemingly for weaning purposes. The claims administrator referenced an RFA form received on January 9, 2015 in its determination. The applicant's attorney subsequently appealed. On December 1, 2014, the applicant reported "intractable" neck and back pain, 9/10; 10/10 without medications versus highly variable 4/10 to 9/10 with medications was appreciated. The applicant was using a cane to move about. The attending provider posited that the applicant's medications were helpful and went on to renew morphine, Percocet, Amitiza, Colace, senna, Flexeril, Cymbalta, and Neurontin. It was stated that the applicant was using Cymbalta for neuropathic pain and depression. In an earlier note dated August 5, 2014, the attending provider stated that the applicant's depression and mood had stabilized following introduction of Cymbalta. The applicant was receiving Social Security Disability Insurance (SSDI) benefits in addition to Workers' Compensation Indemnity benefits, it was acknowledged. The applicant was still experiencing difficulty walking and was using a cane, it was noted on that day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids. Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.2.

Decision rationale: 1. No, the request for Percocet, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work, it was acknowledged, despite ongoing Percocet usage. The applicant was receiving both Workers' Compensation Indemnity benefits and Disability Insurance benefits, it was noted on several occasions. While the attending provider did recount some low-grade reduction in pain scores reportedly effected as a result of ongoing opioid therapy, these are, however, outweighed by the applicant's failure to return to work and the attending provider has failed to outline any meaningful or material improvements in function effected as a result of the same. The applicant's continued difficulty with performing activities of daily living as basic as standing and walking does not make a compelling case for continuation of Percocet. Therefore, the request was not medically necessary.

Cymbalta 60mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta; treatment for neuropathic pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: 2. Conversely, the request for Cymbalta, an SNRI antidepressant, was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, antidepressants such as Cymbalta may be helpful to alleviate symptoms of depression, as were/are present here. The attending provider did indicate on progress notes of August 5, 2014 and December 1, 2014 that the applicant's mood and depressive symptoms had been augmented and/or stabilized following introduction of Cymbalta. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.