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| Case Number: | CM15-0024435 | | |
| Date Assigned: | 02/13/2015 | Date of Injury: | 08/12/2010 |
| Decision Date: | 04/02/2015 | UR Denial Date: | 01/22/2015 |
| 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 65 year old male sustained a work related injury on 08/12/2010. According to a progress report dated 01/09/2015, the injured worker was being seen for chronic pain of his lumbar spine. He complained of persistent severe back pains. He used a scooter to prevent falls. He had falls when using a walker due to severe balance losses. Tramadol and Cymbalta were noted to be beneficial with improvement of pain, sleep and function. He was able to maintain a level of functionality after Tramadol ER was taken at bedtime. The restful nights helped him be more active in the day time. Current medications included Tramadol HCL, Cymbalta, Ultram ER, Amlodipine, Glyburide, Lasix, Lisinopril, Metformin and Pravastatin. Diagnoses included lumbar post laminectomy and spinal stenosis of site not elsewhere classified. According to the provider, Tramadol and Cymbalta were discontinued without titration which made him experience withdrawal. He had persistent pain, sleep disturbance and anxiety and depression due to discontinuation of medication. The injured worker signed a long-term controlled substance agreement. CURES and toxicology screens were noted to be normal and the injured worker had no aberrant behavior. The injured worker was retired and permanent and stationary. On 01/22/2015, Utilization Review non-certified Cymbalta 60mg #30, with 2 refills and Ultram ER 200mg #30, with 2 refills. According to the Utilization Review physician, in regard to Cymbalta, the claimant was out of medication for two months with persistent low back pain that limited functionality considerably. However, there was no supporting evidence of objective functional improvement with prior medication use. Since the claimant was out of medication for two months, weaning was not necessary. In regard to Ultram, there was no supporting evidence

of objective functional improvement with prior medication use. There was no documentation of an actual signed pain contract, risk assessment profile, attempt at weaning and tapering and current urine drug screen result. Guidelines referenced included CA MTUS Chronic Pain Medical Treatment Guidelines, Antidepressants and Opioids. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #30, with 2 refills: Overturned

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

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

Decision rationale: The patient presents with unrated chronic lower back pain and associated loss of coordination and balance. The patient's date of injury is 08/12/10. Patient has no documented surgical history pertinent to this complaint. The request is for CYMBALTA 60MG #30 W/ 2 REFILLS. The RFA was not provided. Physical examination dated 01/09/15 reveals an antalgic and unsteady gait, no other positive physical findings are included. The patient is currently prescribed Tramadol Hcl tablets, Cymbalta, Ultram, Amlodipine, Glyburide, Lasix, Lisinopril, Metformin, and Pravastatin. Diagnostic imaging was not included. Patient is retired. MTUS Chronic Pain Medical Treatment Guidelines, pg 13-16 for Antidepressants for chronic pain states: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. For Cymbalta specifically, MTUS states it is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. In regards to the request for Cymbalta, the request appears reasonable. Records provided indicate that this patient has been taking Cymbalta since at least 05/13/14. Progress note dated 01/09/15 states: "Tramadol and Cymbalta were beneficial, with improvement in pain, sleep, and function... The restful nights helped him become more active in the day time." Cymbalta is recommended for neuropathic pain. Given this patient's diagnosis and the documentation of efficacy, continued use of this medication is substantiated. The request IS medically necessary.

Ultram ER 200mg #30, With 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use for a therapeutic trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with unrated chronic lower back pain and associated loss of coordination and balance. The patient's date of injury is 08/12/10. Patient has no

documented surgical history pertinent to this complaint. The request is for ULTRAM ER 200MG #30, W/ 2 REFILLS. The RFA was not provided. Physical examination dated 01/09/15 reveals an antalgic and unsteady gait, no other positive physical findings are included. The patient is currently prescribed Tramadol Hcl tablets, Cymbalta, Ultram, Amlodipine, Glyburide, Lasix, Lisinopril, Metformin, and Pravastatin. Diagnostic imaging was not included. Patient is retired. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regards to the request for Tramadol, treater has provided adequate documentation to satisfy 4A's as required by MTUS. Records provided indicate that this patient has been taking Tramadol since at least 05/13/14. Progress note dated 01/09/15 states: "Tramadol and Cymbalta were beneficial, with improvement in pain, sleep, and function. He was also able to maintain increased functionality by taking Tramadol at bed time. The restful nights helped him become more active in the day time." The same progress note also refers to an updated long-term narcotics agreement, a discussion of consistent urine drug screens, and a lack of aberrant behaviors. Therefore, the request IS medically necessary.