

Case Number:	CM15-0025655		
Date Assigned:	02/18/2015	Date of Injury:	03/05/2002
Decision Date:	04/07/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/10/2015

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: 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 injured worker is a 58 year old male, who sustained an industrial injury on 3/5/2002. He has reported initial left groin and back pain. The diagnoses have included cervical lumbar strain, complex regional pain syndrome, left lower limb, disc desiccation and annular tear, and depression. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, aquatic therapy, physical therapy, and insertion of a spinal cord stimulator in 2011. Currently, the IW complains of low back and left lower extremity pain. Physical examination from 12/5/14 documented tenderness to bilateral lumbar paraspinal muscles with guarding, decreased flexion and extension, decreased sensation left L5-S1, and negative straight leg raise test. Diagnoses included chronic pain syndrome, status post spinal cord stimulator placement, and cervical and lumbar radiculopathy. The plan of care included continuation of home exercise program, continued spinal cord stimulator, continued medications as previously prescribed, and a follow up in eight weeks. On 1/27/2015 Utilization Review non-certified Nucynta ER 50mg #60, and modified certification for Cymbalta 60mg to one refill. The MTUS and ODG Guidelines were cited. On 2/10/2015, the injured worker submitted an application for IMR for review of Cymbalta 60mg #30 with two refills, Nucynta ER 50mg #60.

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: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section Page(s): 7.

Decision rationale: The MTUS Guidelines explain that the treatment of pain requires a thorough understanding of the mechanism underlying the pain as well as to identify comorbidities that might predict an adverse outcome. Consideration of comorbid conditions, side effects, cost, and efficacy of medication versus physical methods and provider and patient preferences should guide the physician's choice of recommendations. Choice of pharmacotherapy must be based on the type of pain to be treated and there may be more than one pain mechanism involved. The physician should tailor medications and dosages to the individual taking into consideration patient-specific variables such as comorbidities, other medications, and allergies. The physician should be knowledgeable regarding prescribing information and adjust the dosing to the individual patient. If the physician prescribes a medication for an indication not in the approved FDA labeling, he or she has the responsibility to be well informed about the medication and that its use is scientific and evidence-based. When effective, medications provide a degree of analgesia that permits the patients to engage in rehabilitation, improvement of activities of daily living, or return to work. This request is for a 3 month supply of Cymbalta, but the injured worker is to follow up in 8 weeks. The injured worker should be provided enough medication for the follow up interval, at which time the provider can evaluate for the continued need or change in medication. The request for Cymbalta 60 mg #30 with 2 refills was modified by Utilization Review to Cymbalta 60 mg #30 with 1 refill. The request for Cymbalta 60mg #30 with 2 refills is determined to not be medically necessary.

Nucynta ER 50mg #60: 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 (Chronic), Tapentadol (Nucynta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section Page(s): 74-95.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical records indicate that the injured worker is experiencing significant pain from his low back injury. The use of Nucynta ER has provided significant pain reduction and objective

functional improvement. Utilization review notes that there were two requests for Nucynta ER 50 mg. One was for 60 tablets with 1 refill, and the other (this one) for 60 tablets. Medical necessity of this medication has been established, but there is no discussion explaining the need for two prescriptions of the same medication. The request for Nucynta ER 50 mg #60 with 1 refill is sufficient supply between follow up visits, which is reported to be 8 weeks. The request for Nucynta ER 50 mg #60 is determined to not be medically necessary.