

Case Number:	CM15-0210214		
Date Assigned:	10/29/2015	Date of Injury:	08/07/2013
Decision Date:	12/09/2015	UR Denial Date:	09/19/2015
Priority:	Standard	Application Received:	10/26/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 33-year-old female sustained an industrial injury on 8-7-13. Documentation indicated that the injured worker was receiving treatment for low back and bilateral knee pain. Previous treatment included left knee anterior cruciate ligament repair (2013), physical therapy and medications. In a new patient consultation dated 4-23-15, the injured worker complained of back and neck pain, rated 5 out of 10 on the visual analog scale, associated with pain and numbness radiation down the legs and right arm as well as left knee pain. Physical exam was remarkable for lumbar spine without tenderness to palpation, slow and guarded range of motion with flexion 90 degrees, extension 10 degrees and rotation 15 degrees and intact neurovascular exam. The injured worker could walk on her heels, toes, and squat. The physician stated that the remaining musculoskeletal exam findings were within normal limits. Current medications included Norco, Cymbalta and Motrin. In a PR-2 dated 8-27-15, the injured worker complained of ongoing low back pain associated with left leg weakness as well as persistent left knee pain. Physical exam was remarkable for persistent left thigh atrophy, weakness when squatting with left fasciculations over the lower right leg. The injured worker used a cane to ambulate. The physician documented that magnetic resonance imaging left knee (8-7-15) showed a "complete" tear. The treatment plan included requesting authorization for left knee anterior cruciate ligament repair, cognitive behavioral therapy and continuing medications, Motrin, Cymbalta and Tramadol (since at least 7-27-15). On 9-17-15, Utilization Review noncertified a request for Tramadol HCL 50mg with one refill, Motrin 600mg #90 with one refill and Cymbalta 60mg #30 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. According to the ODG pain section a written consent or pain agreement for chronic use is not required but may make it easier for the physician and surgeon to document patient education, the treatment plan, and the informed consent. The lowest possible dose should be prescribed to improve pain and function. Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control is recommended. Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG (Pain / Opioids for chronic pain) states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." In this, case the injured worker is 33 years old and was injured in 2013. He is being treated for low back pain and bilateral knee pain and has been prescribed Tramadol since at least 7/27/15. Based on the documentation there is insufficient evidence to recommend the chronic use of opioids. There is no documentation of increased level of function, percentage of pain relief, duration of pain relief, compliance with urine drug screens, a signed narcotic contract or that the injured worker has returned to work. The current guidelines

provide very limited support to recommend treatment of non-malignant pain beyond 16 weeks. Therefore, the criteria set forth in the guidelines have not been met and the request is not medically necessary.

Motrin 600mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, page 22, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000) A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. It is generally recommended that the lowest effective dose be used for the shortest duration of time. NSAID's should be used with caution due to the potential side effects of cardiovascular, gastrointestinal, hepatic and renal side effects. In this case the injured worker has been taking NSAID's since at least 7/25/15. The submitted documentation provides no evidence of functional improvement, a quantitative assessment of how the medication helps percentage of relief, duration of relief, increase in function or activity. The guidelines caution against long-term use due to the side effect profile of this class of medications. The guidelines also recommend the lowest possible effective dose and the submitted records do not indicate if lower dosages had been tried. Therefore, the request is not medically necessary.

Duloxetine 60mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duloxetine (Cymbalta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): SNRIs (serotonin noradrenaline reuptake inhibitors).

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, Selective serotonin and norepinephrine reuptake inhibitors, page 15, states that Cymbalta is a antidepressant/ selective serotonin and nor-epinephrine re-uptake inhibitor (SNRI). It is utilized in management of depression and pain associated chronic conditions. FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. (Dworkin, 2007) No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. (Dworkin, 2007) More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. It has been suggested that the main role of SSRIs may be in addressing

psychological symptoms associated with chronic pain. Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. The patient has been on Cymbalta since at least 7/25/1 without demonstrated functional improvement, percentage of relief, or increase in activity. There is no documentation supporting the injured worker has any of the indicated diagnoses from the cited guidelines. There is no quality evidence supporting the Cymbalta for the treatment of lumbar radiculopathy. Therefore, the request is not medically necessary.