

Case Number:	CM15-0213765		
Date Assigned:	11/03/2015	Date of Injury:	03/24/2008
Decision Date:	12/16/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/30/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 45 year old female, who sustained an industrial-work injury on 3-24-08. She reported initial complaints of low back and shoulder pain. The injured worker was diagnosed as having degeneration of lumbar or lumbosacral intervertebral disc and lumbago. Treatment to date has included medication, paraspinal trigger point injections on 4-29-15, transcutaneous electrical nerve stimulation (TENS) unit, lumbar back cushion, and home exercise program (HEP). Currently, the injured worker complains of intractable lumbosacral right radicular pain symptoms rated 5-7 out of 10. Medications include Flexeril, Ibuprofen, Relafen, Norco, Gabapentin, Cymbalta, Atenolol along with Colace and Senna to keep pain level stable. She utilizes her exercise equipment. Per the primary physician's progress report (PR-2) on 8-26-15, there is no aberrant behavior in regard to her medication usage. She required 4 tablets of Norco a day to manage the pain. Exam noted moderate pain, normal gait, negative left shoulder findings; lumbar spine had moderate tenderness, palpable spasm, and trigger point on the left side, normal reflexes, restricted range of motion, and normal motor exam and reflexes. Current plan of care includes medication, continue HEP, trigger point injections, continue transcutaneous electrical nerve stimulation (TENS) unit, and lumbar support cushion. The Utilization Review on 10-8-15 denied the request for include Cymbalta 30mg #60, Ducolace 100mg #60, and Senna 8.6mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

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

Decision rationale: The California MTUS section on Cymbalta states that is indicated in the treatment of neuropathic pain as a first line treatment agent. The patient has the diagnosis of lumbar radiculopathy with symptomatic neuropathic pain. Therefore, the request is medically necessary.

Ducolace 100mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioid Induced Constipation Treatment Center.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The California chronic pain medical treatment guidelines section on opioid therapy states: (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of "rescue" opioids. The need for extra opioid can be a guide to determine the sustained release dose required. (c) Only change 1 drug at a time. (d) Prophylactic treatment of constipation should be initiated. The patient is currently on opioid therapy. The use of constipation measures is advised per the California MTUS. The requested medication is used in the treatment of constipation. Therefore, the request is medically necessary.

Senna 8.6mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioid Induced Constipation Treatment Center.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The California chronic pain medical treatment guidelines section on opioid therapy states: (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of "rescue" opioids. The need for extra opioid can be a guide to determine the sustained release dose required. (c) Only change 1 drug at a time. (d) Prophylactic treatment of constipation should be initiated. The patient is currently on opioid therapy. The use of

constipation measures is advised per the California MTUS. The requested medication is used in the treatment of constipation. Therefore, the request is medically necessary.