

Case Number:	CM15-0222397		
Date Assigned:	11/18/2015	Date of Injury:	06/16/1997
Decision Date:	12/31/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/12/2015

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: Emergency 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 65 year old male who sustained an industrial injury June 16, 1997. Diagnoses are chronic pain syndrome; lumbar radiculopathy; post-traumatic osteoarthritis right hip joint. According to a primary treating physician's progress report dated October 12, 2015, the injured worker presented as follow-up with complaints of constant lower back, right hip, and right leg pain with tingling and numbness down both legs. He rated his pain 7 out of 10 with and without medication. Current medication included Cymbalta, Gabapentin, and MS Contin (all medication since at least July 7, 2015, with weaning started of MS Contin) with the injured worker reporting no pain relief and no functional improvements from medication. Objective findings included; 5 out of 5 bilateral upper extremity strength; severe palpable spasms bilateral lumbar musculature with positive twitch response, right greater than left; severe right hip provocative maneuvers, decreased range of motion right hip due to pain; severe tenderness to palpation right greater trochanter; severe tenderness to palpation right sacroiliac joint; positive Patrick's sign on the right. The physician documented the injured worker does not exhibit any aberrant drug seeking behavior and urine drug screen is consistent with prescribed medication, lumbar brace is providing pain relief and is continuing with cognitive behavioral therapy to improve chronic pain and function. At issue, is the request for authorization for Cymbalta, Gabapentin, and MS Contin. A toxicology report dated May 12, 2015, is present in the medical record. According to utilization review dated October 22, 2015, the requests for Cymbalta 60mg #30 was modified to Cymbalta 60mg #15 and Gabapentin 400mg #90 was modified to Gabapentin 400mg #45. The request for MS Contin 30mg #90 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg quantity 30: 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): Antidepressants for chronic pain, SNRIs (serotonin noradrenaline reuptake inhibitors).

Decision rationale: The requested Cymbalta 60mg quantity 30 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, pages 13-16, note that Cymbalta is 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. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy." The injured worker has constant lower back, right hip, and right leg pain with tingling and numbness down both legs. He rated his pain 7 out of 10 with and without medication. Current medication included Cymbalta, Gabapentin, and MS Contin (all medication since at least July 7, 2015, with weaning started of MS Contin) with the injured worker reporting no pain relief and no functional improvements from medication. Objective findings included; 5 out of 5 bilateral upper extremity strength; severe palpable spasms bilateral lumbar musculature with positive twitch response, right greater than left; severe right hip provocative maneuvers, decreased range of motion right hip due to pain; severe tenderness to palpation right greater trochanter; severe tenderness to palpation right sacroiliac joint; positive Patrick's sign on the right. The treating physician has not documented the medical necessity for the use of this anti-depressant as an outlier to referenced guideline negative recommendations, nor failed trials of recommended anti-depressant medication, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Cymbalta 60mg quantity 30 is not medically necessary.

MS Contin 30mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

Decision rationale: The requested MS Contin 30mg quantity 90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, pages 78-80, Opioids for Chronic Pain, pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has constant lower back, right hip, and right leg pain with tingling and numbness down both legs. He rated his pain 7 out of 10 with and without medication. Current medication included Cymbalta, Gabapentin, and MS Contin (all medication since at least July 7, 2015, with weaning started of MS Contin) with the injured worker reporting no pain relief and no functional improvements from medication. Objective findings included; 5 out of 5 bilateral upper extremity strength; severe palpable spasms

bilateral lumbar musculature with positive twitch response, right greater than left; severe right hip provocative maneuvers, decreased range of motion right hip due to pain; severe tenderness to palpation right greater trochanter; severe tenderness to palpation right sacroiliac joint; positive Patrick's sign on the right. The treating physician has not documented objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, MS Contin 30mg quantity 90 is not medically necessary.

Gabapentin 400mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The requested Gabapentin 400mg quantity 90 is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, pages 16-18, 21, note that anti-epilepsy drugs are recommended for neuropathic pain due to nerve damage, and outcome: A good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. The injured worker has constant lower back, right hip, and right leg pain with tingling and numbness down both legs. He rated his pain 7 out of 10 with and without medication. Current medication included Cymbalta, Gabapentin, and MS Contin (all medication since at least July 7, 2015, with weaning started of MS Contin) with the injured worker reporting no pain relief and no functional improvements from medication. Objective findings included; 5 out of 5 bilateral upper extremity strength; severe palpable spasms bilateral lumbar musculature with positive twitch response, right greater than left; severe right hip provocative maneuvers, decreased range of motion right hip due to pain; severe tenderness to palpation right greater trochanter; severe tenderness to palpation right sacroiliac joint; positive Patrick's sign on the right. The treating physician has not documented the guideline-mandated criteria of percentages of relief to establish the medical necessity for its continued use. The criteria noted above not having been met, Gabapentin 400mg quantity 90 is not medically necessary.