

Case Number:	CM15-0249977		
Date Assigned:	12/28/2015	Date of Injury:	07/27/1976
Decision Date:	12/30/2015	UR Denial Date:	12/16/2015
Priority:	Expedited	Application Received:	12/23/2015

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: Texas, California, Florida

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 injury was 7-27-1976, now 39 years ago. The request is for continued Morphine 30 mg 120, and it was modified to just 70 to continue the weaning process, and the Cymbalta 30 mg #30, which was modified to just 20 for the same issue. The entire record set was perused. The patient was described as a 67 year old male injured in 1976. There is chronic low back pain. The exam of 12-10-15 mirrored that of the month prior. They discussed moving from opiates to a spinal cord stimulator, as it was noted the patient no longer tolerated extended release opiates due to constipation. Drug screens were positive for illicit unprescribed marijuana. Cymbalta was prescribed in August, either for pain or depression. Some early 1980 reports mention a reactive depression. The pain levels and functional limitations are apparently unchanged on the opiate regimen and the Cymbalta, although the doctor attests this is the lowest he can comfortably go. The original reviewer suggested weaning. The note from December 22, 2015 again noted he has tapered down to the present dosage. This is the lowest he can comfortably go. The doctor also captures that due to the chronic pain, and his life circumstances, he was markedly depressed. Other records note his original injury was a fall from a platform. He was a heavy equipment operator. Notes from 1982 were reviewed. The physician thought even at that time that there was a depressive reaction to his injury. There were early rehabilitative consultations. A CT done in 1986 showed degenerative spondylosis. An Agreed Medical Exam was noted from 1993. They discussed surgical options. A recent physician statement notes he is totally disabled as of 7-7-76 and has failed back syndrome and traumatic osteoarthritis of the right knee. The doctor feels his only recourse is the morphine ER and IR. He is permanently unable to return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine 30mg #120: Upheld

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

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

Decision rationale: This claimant has a long term injury, and has been on opiates long term. The MTUS provides focused evidence-based guidelines for this situation, including there must be objective, functional improvement, return to work, and other evidence of functional improvement in this case. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: **When to Discontinue Opioids:** Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances **When to Continue Opioids** (a) If the patient has returned to work (b) If the patient has improved functioning and pain. Again, in the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. There is no objective functional improvement which is the basis of the MTUS guideline. It is in agreement with the previous reviewer to address further weaning efforts. It is not clinically easy, but opiate habituation may well be present. The weaning should be done over several weeks, and the medicine never abruptly stopped, should the provider choose to do so. The request for the opiate usage is not medically necessary per MTUS guideline review.

Cymbalta 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duloxetine (Cymbalta). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Antidepressants.

Decision rationale: As shared earlier, this claimant has a long term injury, and has been on placed on Cymbalta only recently. The records suggest it may be for chronic pain and depression. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder as defined in DSM-IV criteria for the disorder. If used for pain, it is not clear what objective, functional benefit has been achieved. The request is not medically necessary.