

Case Number:	CM15-0030489		
Date Assigned:	02/24/2015	Date of Injury:	10/15/2001
Decision Date:	04/09/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/18/2015

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: Physical Medicine & Rehabilitation

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 54 year old female, who sustained an industrial injury on October 15, 2001. She has reported facial pain, joint pain, back pain, and skin issues. The diagnoses have included chronic pain syndrome, neck pain, lumbar spine degenerative disc disease, thoracic spine pain, lower back pain, myalgia/myositis, fatigue/malaise, insomnia, and anxiety disorder. Treatment to date has included medications, trigger point injections, home exercise and stretching. A progress note dated January 21, 2015 indicates a chief complaint of continued facial, joint, and skin pain. Physical examination showed tenderness to palpation of the lumbar spine and sacroiliac joints with active trigger points, and decreased range of motion of the lumbar spine. The treating physician requested prescriptions for Tramadol 50 mg x 300 with four refills, Neurontin 300 mg x 450 with four refills, Cymbalta 60 mg x180 with five refills and Cymbalta 30 mg x150 with four refills. On February 5, 2015 Utilization Review partially certified the request for a prescription for Tramadol with an adjustment to a quantity of 150 without refills, Neurontin with an adjustment in quantity to 180 without refills, Cymbalta 60 mg with an adjustment to a quantity of 60 without refills, and Cymbalta 30 mg with an adjustment in quantity to 60 without refills. The California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines were cited in the decision. On February 18, 2015, the injured worker submitted an application for IMR of a request for prescriptions for Tramadol 50 mg x 300, Neurontin 300 mg x 450, Cymbalta 60 mg x180 and Cymbalta 30 mg x150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg #300 with 4 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 82-83.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient complains of moderate to severe musculoskeletal pain, rated at 10/10 without medications and 7/10 with medications, as per progress report dated 01/21/15. The request is for TRAMADOL HCL 50 mg # 300 WITH 4 REFILLS. The RFA for the case is dated at 01/21/15, and the patient's date of injury is 10/15/01. The patient has been diagnosed with neck pain, chronic pain syndrome, low back pain, fatigue, pain in thoracic spine, myalgia and myositis. Medications included Tramadol, Cymbalta, Neurontin, Xanax, Tylenol, Atenolol, Albuterol, Caltrate, Estrate, and Benadryl. The report does not document the patient's work status. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, only one progress report has been provided for review and it documents the use Tramadol. The treater states that medications help reduce pain from 10/10 to 7/10. In the same report, the treater states that medications reduce the pain by 40%. The treater also states that the patient "stretches daily and works in the yard and cares for her great grandchildren three days per week for eight hours each day," thereby indicating high function. The patient's score, as per the Opiate Risk Tool, is zero, which denotes minimal risk for aberrant behavior. The treater also states that the patient's UDS and CURES reports are up-to-date and there are no side effects. Given the clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request IS medically necessary.

Neurontin 300mg #450 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone, generic available - Anti-Epileptic) Page(s): 18-19, 49, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

Decision rationale: The patient complains of moderate to severe musculoskeletal pain, rated at 10/10 without medications and 7/10 with medications, as per progress report dated 01/21/15. The request is for NEURONTIN 300 mg #450 WITH 4 REFILLS. The RFA for the case is dated at 01/21/15, and the patient's date of injury is 10/15/01. The patient has been diagnosed with neck

pain, chronic pain syndrome, low back pain, fatigue, pain in thoracic spine, myalgia and myositis. Medications included Tramadol, Cymbalta, Neurontin, Xanax, Tylenol, Atenolol, Albuterol, Caltrate, Estrate, and Benadryl. The report does not document the patient's work status. MTUS has the following regarding Gabapentin on pg 18,19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain."In this case, only one progress report has been provided for review and it documents the use Neurontin. The treater states that medications help reduce pain from 10/10 to 7/10. In the same report, the treater states that medications reduce the pain by 40%. The treater also states that the patient "stretches daily and works in the yard and cares for her great grandchildren three days per week for eight hours each day," thereby indicating high function. However, there is no diagnosis of neuropathic pain for which Gabapentin is indicated. Hence, the request IS NOT medically necessary.

Cymbalta 60mg #180 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Duloxetine (Cymbalta) Page(s): 16-17.

Decision rationale: The patient complains of moderate to severe musculoskeletal pain, rated at 10/10 without medications and 7/10 with medications, as per progress report dated 01/21/15. The request is for CYMBALTA 60 mg # 180 WITH 5 REFILLS. The RFA for the case is dated at 01/21/15, and the patient's date of injury is 10/15/01. The patient has been diagnosed with neck pain, chronic pain syndrome, low back pain, fatigue, pain in thoracic spine, myalgia and myositis. Medications included Tramadol, Cymbalta, Neurontin, Xanax, Tylenol, Atenolol, Albuterol, Caltrate, Estrate, and Benadryl. The report does not document the patient's work status. For Cymbalta, the MTUS Guidelines page 16 and 17 states, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used for off-label neuropathic pain and radiculopathy. Duloxetine is recommended as a first line option for diabetic neuropathy."In this case, only one progress report has been provided for review and it documents the use Cymbalta. The treater states that medications help reduce pain from 10/10 to 7/10. In the same report, the treater states that medications reduce the pain by 40%. The treater also states that the patient "stretches daily and works in the yard and cares for her great grandchildren three days per week for eight hours each day," thereby indicating high function. However, there is no diagnosis of psychiatric problems and neuropathic pain for which Cymbalta is indicated. Hence, the request IS NOT medically necessary.

Cymbalta 30mg #150 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Duloxetine (Cymbalta) Page(s): 16-17.

Decision rationale: The 67 year old patient complains of moderate to severe musculoskeletal pain, rated at 10/10 without medications and 7/10 with medications, as per progress report dated 01/21/15. The request is for CYMBALTA 30 mg # 150 WITH 4 REFILLS. The RFA for the case is dated at 01/21/15, and the patient's date of injury is 10/15/01. The patient has been diagnosed with neck pain, chronic pain syndrome, low back pain, fatigue, pain in thoracic spine, myalgia and myositis. Medications included Tramadol, Cymbalta, Neurontin, Xanax, Tylenol, Atenolol, Albuterol, Caltrate, Estrate, and Benadryl. The report does not document the patient's work status. For Cymbalta, the MTUS Guidelines page 16 and 17 states, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used for off-label neuropathic pain and radiculopathy. Duloxetine is recommended as a first line option for diabetic neuropathy." In this case, only one progress report has been provided for review and it documents the use Cymbalta. The treater states that medications help reduce pain from 10/10 to 7/10. In the same report, the treater states that medications reduce the pain by 40%. The treater also states that the patient "stretches daily and works in the yard and cares for her great grandchildren three days per week for eight hours each day," thereby indicating high function. However, there is no diagnosis of psychiatric problems and neuropathic pain for which Cymbalta is indicated. Hence, the request IS NOT medically necessary.