

Case Number:	CM15-0040556		
Date Assigned:	03/10/2015	Date of Injury:	12/30/1986
Decision Date:	04/14/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/03/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 57-year-old male who sustained a work related injury to his lower back on December 30, 1986. The injured worker is status post L4 laminectomy in 1987, L4-L5 fusion in 1988, L4-L5 fusion and hardware in 1990, with the last lumbar fusion in 2007, spinal cord stimulator (SCS) times 3 and intrathecal pump implant in 2009 with Morphine Sulfate and Clonidine with refills every 3 months. The injured worker was diagnosed with intractable low back pain and post lumbar surgery syndrome. According to the primary treating physician's progress report on January 21, 2015 the patient continues to experience low back pain. Examination of the lumbar spine demonstrated tenderness to palpation at L4-L5 and L5-S1 with bilateral radicular discomfort in an L5 pattern. A tandem and well-coordinated gait was noted. Intrathecal pump medications were escalated 10% with current refill. He was seeing benefit with escalation of his pump medications. Plan of treatment is to continue with current medication regimen of Norco, Cymbalta and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Duloxetine (Cymbalta) Page(s): 43-44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 15-16.

Decision rationale: At issue in this review is the prescription of Cymbalta. Duloxetine or Cymbalta is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Per the guidelines, it is used off-label for neuropathic pain and radiculopathy but there is no high quality evidence reported to support the use of duloxetine for lumbar radiculopathy. There is limited documentation of a discussion of efficacy or side effects and given his lumbar radiculopathy, the records do not support the medical necessity of ongoing use of Cymbalta.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guideline, Opioids, specific drug list, Hydrocodone/Acetaminophen Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26.

Decision rationale: This injured worker has chronic pain with an injury sustained in 1986. The medical course has included numerous treatment modalities including surgery and use of several medications including narcotics and muscle relaxants. He is also receiving escalating doses of medications via an intrathecal pump with benefit. Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 1/15 fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Norco is not substantiated in the records.

Flexeril 10mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril) Page(s): 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 63-66.

Decision rationale: This injured worker has chronic pain with an injury sustained in 1986. The medical course has included numerous treatment modalities and use of several medications including narcotics and muscle relaxants. Per the guidelines, non-sedating muscle relaxants are

recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 1/15 fails to document any improvement in pain, functional status or a discussion of side effects specifically related to flexeril to justify use. The medical necessity of flexeril is not substantiated in the records.