

Case Number:	CM15-0045216		
Date Assigned:	03/17/2015	Date of Injury:	05/15/2012
Decision Date:	04/20/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/09/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 54 year old male sustained a work related injury on 05/15/2012. According to a progress report dated 01/15/2015, subjective complaints included LBS (lumbar back strain), chronic pain that was worse when lifting, walking, standing and climbing and was worse in cold weather. Objective findings were notes as lumbar-no changes. Diagnosis was LBS (low back strain). Treatment plan included Norco, Baclofen, Nabumetone and start Cymbalta. According to a supplemental report dated 10/24/2014, previous treatments included chiropractic care, TENS unit and massage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. In this case, the injured worker's working diagnosis is lumbosacral sprain. A September 17, 2014 progress note shows the injured worker was refilling a Norco 10/325mg prescription at that time. There is no start date in the medical record because the earliest progress note in the medical record is dated September 17, 2014. The injured worker has continued complaints of low back pain with a decreased ability to perform ADLs. Progress note dated February 16, 2015 shows the injured worker is still having persistent low back pain. There is no documentation of objective functional improvement in the medical record as a consequence of ongoing Norco. Consequently, absent compelling clinical documentation with objective functional improvement to gauge ongoing Norco efficacy, Norco 10/325mg #120 is not medically necessary.

Cymbalta 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Cymbalta.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Cymbalta 30mg #30 is not medically necessary. Cymbalta is recommended as an option in first-line treatment of neuropathic pain. Is FDA approved for treatment of depression, generalized anxiety disorder, and treatment of diabetic neuropathy. The effect is found to be significant by the end of week one. In this case, the injured worker's working diagnosis is lumbosacral sprain. The earliest progress note in the medical records dated September 17, 2014. Cymbalta was started at that time. There is no clinical indication or rationale for starting Cymbalta. There was no documentation of depression. Cymbalta is indicated for neuropathic pain. There is no documentation of neuropathic pain in the medical record. Subjectively, the injured worker has complaints of chronic low back pain with an inability to perform ADLs. A February 16, 2015 progress note shows the injured worker is still taking Cymbalta. There is no documentation demonstrating objective functional improvement secondary to Cymbalta. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of Cymbalta and to gauge its efficacy, Cymbalta 30mg #30 is not medically necessary.

