

Case Number:	CM15-0046910		
Date Assigned:	03/19/2015	Date of Injury:	07/12/1999
Decision Date:	05/06/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/12/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 (IW) is a 55 year old female who sustained an industrial injury on 07/12/1999. She reported pain in the back. The injured worker was diagnosed as having unspecified myalgia and myositis, pain in the joint in the pelvic region and thigh, unspecified disorder of the muscle and ligament fascia, and chronic pain syndrome. Treatment to date has included pain medication, TENS (Transcutaneous Electrical Nerve Stimulation) unit, massage, exercise programs, and relaxation training programs as being helpful. Physical therapy was described as having no change on her condition. Currently, the injured worker complains of chronic pain in the right buttocks. She is on a pain management program that includes the medications of Methadone, Baclofen and Duloxetine. A Request for Authorization is for Methadone tablets 5mg #90, Baclofen tablets 10mg #90, and Duloxetine capsules 60mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone tablets 5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Weaning of Medications Page(s): 93, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 61, 78, 93.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs."Review of the most recent progress note provided dated November 16, 2012 reveals no documentation to support the medical necessity of methadone nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The only comment made is that the injured employee states that methadone helps her pain. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

Baclofen tablets 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): Mental illness and stress, Duloxetine.

Decision rationale: The California MTUS guidelines recommends Baclofen for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia). It is also noted that the efficacy diminishes over time. Therefore, when noting that there is no evidence of a spinal cord injury or spasticity related to muscle spasm, and there is no documented functional benefit with the use of this medication. According, this is not medically necessary.

Duloxetine capsules 60mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 15-16.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress, Duloxetine.

Decision rationale: I respectfully disagree with the UR physician. Cymbalta is an antidepressant medication used to treat both depression and anxiety. The progress notes to include a behavioral medicine evaluation dated November 16, 2012 indicates the presence of depression as well as a mild amount of anxiety. Considering this assessment, this request for Duloxetine is medically necessary.