

Case Number:	CM15-0050186		
Date Assigned:	03/23/2015	Date of Injury:	10/01/2000
Decision Date:	05/06/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/17/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 54 year old male, who sustained cumulative work/industrial injury on 10/1/00. He has reported initial symptoms of pain in the vertebral column, arms, and knees. The injured worker was diagnosed as having chronic cervical degenerative disc disease, chronic lumbar degenerative disc disease, adjustment disorder with depression and anxiety, chronic facet arthropathy, chronic neck and low back pain, and knee joint stiffness. Treatments to date included medication, surgery (anterior cervical discectomy 1/2/02 and C6-7 interbody fusion), epidural steroid injections, Magnetic Resonance Imaging (MRI) of the cervical and thoracic spine done on 8/27/01 demonstrated discogenic disease at C5-6, C6-7, thoracic spine was normal. Computed Tomography (CT) of the lumbar spine on 8/27/01 and MRI on 10/12/01 demonstrated disc bulges at L4-5 and L5-S1. X-rays of lower spine on 2/10/11 reveal greatest narrowing seen at L4-5 and L5-S1 with normal alignment. X-ray of neck on 2/10/11 reveals cervical fusion with normal alignment in neutral position, mild retrolisthesis of C4 on C5 with extension. Currently, the injured worker complains of back pain, moderate to severe, located in the upper back, middle, and lower back, gluteal area and neck. It radiates to the thighs. The treating physician's report (PR-2) from 1/30/15 indicated, per examination, positive for weakness and numbness in the extremity back and joint pain. Medications included OxyContin, Oxycodone, Klonopin, and Cymbalta. Treatment plan included Oxycodone HCL and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 15mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term users of Opioids, Opioids dosing, Weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Oxycodone as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of long term use as prescribed in this case. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear documentation for the need for continuous use of Oxycodone. There is no documentation for functional improvement with previous use of Oxycodone. There is no documentation of compliance of the patient with his medications. Based on the above, the prescription of Oxycodone HCL 15mg #90 is not medically necessary.

Cymbalta 60mg #30 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Anti-depressants for chronic pain, Weaning of medications (antidepressants). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Depressants Page(s): 15-16.

Decision rationale: According to MTUS guidelines, Cymbalta is FDA approved for diabetic neuropathy. It is also used off label for neuropathic pain and radiculopathy. There is no high

quality evidence to support its use for back and neck pain. There is no clear evidence that the patient have diabetic neuropathy. A prolonged use of cymbalta in this patient cannot be warranted without continuous monitoring of its efficacy, as the drug was used off label. Therefore, the request of Cymbalta 60mg #30 with 4 refills is not medically necessary.