

Case Number:	CM15-0056234		
Date Assigned:	04/01/2015	Date of Injury:	12/29/2006
Decision Date:	05/05/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/24/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 52 year old female who sustained an industrial injury on 12/29/06. The injured worker reported symptoms in the back, upper and lower extremities. The injured worker was diagnosed as having post-laminectomy syndrome lumbar region, neuralgia, neuritis and radiculitis unspecified, degeneration of cervical intervertebral disc, carpal tunnel syndrome, venous status of lower extremities, and chronic lumbar radiculopathy. Treatments to date have included activity modification, proton pump inhibitor, wrist braces, nonsteroidal anti-inflammatory drugs, spinal cord stimulator, and injections. Currently, the injured worker complains of pain in the back, upper and lower extremities. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg oral cap DR #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 15-16.

Decision rationale: MTUS state regarding antidepressants for pain, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." MTUS states regarding Cymbalta: "Selective serotonin and norepinephrine reuptake inhibitors (SNRIs): Duloxetine (Cymbalta): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. (Dworkin, 2007) No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. (Dworkin, 2007) More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. Side effects: CNS: dizziness, fatigue, somnolence, drowsiness, anxiety (3% vs.2% for placebo), insomnia (8-13% vs. 6-7% for placebo). GI: nausea and vomiting (5-30%), weight loss (2%). Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks. Withdrawal effects can be severe. Abrupt discontinuation should be avoided and tapering is recommended before discontinuation." Cymbalta is FDA approved for the treatment of depression and requires continued monitoring for effectiveness per MTUS guidelines. Medical documents do indicate that she has been followed by a psychiatrist for anxiety and depression since 2010. As such, the request for Cymbalta 60mg oral cap DR #30 is medically necessary.

Oxymorphone (opana) 10mg oral tab #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids and Opana ER (Oxymorphones).

Decision rationale: ODG does not recommend the use of opioids for chronic pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. ODG additionally states "Not recommended. See Opioids for general guidelines, as well as specific Oxymorphone (Opana) listing for more information and references. Due to issues of abuse and Black Box FDA warnings, Oxymorphone is recommended as second line therapy for long acting opioids." MTUS does not discourage use of opioids past 2 weeks, but does state that "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." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. The patient is already taking

Opana in excess of guidelines since he has been on it for several months. Previous reviewers have recommended weaning. As such, the request for Oxymorphone (Opana) 10mg oral tab #90 is not medically necessary.

Atenolol (tenormin) 25mg oral tab #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes (Type 1, 2, and Gestational), Hypertension treatment and Other Medical Treatment Guidelines Epocrates; Atenolol.

Decision rationale: MTUS is silent specifically with regards to lisinopril. Therefore, other guidelines were utilized. ODG states regarding the treatment of hypertension: After Lifestyle (diet & exercise) modifications (1) First line, 1st choice - Renin-angiotensin-aldosterone system blockers: ACE inhibitors (angiotensin-converting enzyme inhibitor): Benazepril (Lotensin); Captopril (Capoten); Enalapril (Vasotec); Lisinopril (Zestril); Ramipril (Altace); Angiotensin II receptor blocker (ARBs): Losartan (Cozaar); Olmesartan (Benicar); Valsartan (Diovan). (2) First line, 2nd addition - Calcium channel blockers: Amlodipine (Norvasc); Nicardipine (Cardene); Nifedipine (Procardia). (3) First line, 3rd addition - Thiazide diuretic: Hydrochlorothiazide (HCTZ). (4) First line, 4th addition - Beta blockers (b-Adrenergic blocker): Atenolol (Tenormin); Metoprolol (Lopressor); Nadolol (Corgard); Propranolol (Inderal). (5) Second line: Aldosterone receptor blockers: Spironolactone (Aldactone). Direct renin inhibitor: Aliskiren (Tekturna). Selective a1-adrenergic blockers: Doxazosin (Cardura); Prazosin (Minipress); Terazosin (Hytrin). Central a2 agonists: Clonidine (Catapres). Direct vasodilators: Hydralazine (Apresoline); Minoxidil (Loniten). Atenolol (beta blocker) is an appropriate first line medication for hypertension. Medical documents do substantiate the diagnosis of hypertension. The medical notes provided did have blood pressure readings. The patient is on the lowest dose of Atenolol at 25 mg (dosage range 25-100mg). As such, the request for Atenolol (tenormin) 25mg oral tab #30 is medically necessary.