

Case Number:	CM14-0128959		
Date Assigned:	09/23/2014	Date of Injury:	06/30/2003
Decision Date:	11/17/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/13/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 41-year-old male smoker who reported an injury of an unspecified mechanism on 06/30/2003. On 08/28/2014, his diagnoses included thoracic or lumbosacral neuritis or radiculitis not otherwise specified; lumbosacral spondylolysis; and testicular hypofunction. His complaints included moderate to severe ongoing lower back pain crossing to his left leg with associated numbness and weakness. He rated his pain at 8/10 without his medications. He rated his pain at 5/10 with medications and the use of a TENS unit. His medications included methadone 10 mg, Norco 10/325 mg, AndroGel 1.62%, Cymbalta 60 mg, Colace 100 mg, and Zanaflex 4 mg. The rationale noted that these medications were providing him with satisfactory analgesia and pain control as well as providing him with improved day to day function and improved quality of life. There was no request for authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for methadone 10 mg #120 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, or anticonvulsants. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including side effects, failed trials of NSAIDs, aspirin or anticonvulsants, or drug screens. Additionally, there was no frequency specified in the request. Since this worker was taking more than 1 opioid medication, without the frequency, morphine equivalency dosage could not be calculated. Therefore, this request for methadone 10 mg #120 is not medically necessary.

Norco 10/325 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95..

Decision rationale: The request for Norco 10/325 mg #120 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, or anticonvulsants. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including side effects, failed trials of NSAIDs, aspirin or anticonvulsants, or drug screens. Additionally, there was no frequency specified in the request. Since this worker was taking more than 1 opioid medication, without the frequency, morphine equivalency dosage could not be calculated. Therefore, this request for Norco 10/325 mg #120 is not medically necessary.

Andro Gel 1.62: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110..

Decision rationale: The request for AndroGel 1.62% is not medically necessary. The California MTUS Guidelines recommend testosterone replacement in limited circumstances for patients taking high dose, long term opioids with documented low testosterone levels. Although this injured worker did have a documented low testosterone level, there was no documentation of signs of hypogonadism, such as gynecomastia. Additionally, his 2 opioid medications were deemed to be not medically necessary, so the opioid therapy may not continue. Furthermore, the

request did not specify a strength, dosage, or frequency of application of the requested gel. Therefore, this request for AndroGel 1.62% is not medically necessary.

Cymbalta 60 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16..

Decision rationale: The request for Cymbalta 60 mg #60 is not medically necessary. The California MTUS Guidelines recommend antidepressants for chronic pain as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first line agent, unless they are ineffective, poorly tolerated, or contraindicated. Cymbalta is an SNRI. It is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is used off label for neuropathic pain and radiculopathy. Cymbalta is recommended as a first line option in diabetic neuropathy. No high quality evidence is reported to support the use of Cymbalta for lumbar radiculopathy. More studies are needed to determine the efficacy of Cymbalta for other types of neuropathic pain. The assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medications, sleep quality and duration, and psychological status. Side effects, including excessive sedation, should also be assessed. The clinical information submitted failed to meet the evidence based guidelines for the continued use of Cymbalta. Additionally, the request did not include a frequency of administration. Therefore, this request for Cymbalta 60 mg #60 is not medically necessary.