

Case Number:	CM14-0129838		
Date Assigned:	08/20/2014	Date of Injury:	03/13/2009
Decision Date:	09/29/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/14/2014

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 52-year-old female who reported an injury on 03/13/2009. The injured worker sustained the injury while transferring a client from a toilet and felt something go wrong in her back. The injured worker has diagnoses of status post left-sided L4-S1 laminotomy with re-exploration and micro discectomy, status post previous decompression at the L4-S1 level, left leg radiculopathy, status post permanent implantation of a lumbar spinal cord stimulator, right knee internal derangement, and left hip degenerative joint disease. The injured worker's medications consisted of ibuprofen, Norco, Soma, Cymbalta, Enalapril-hydrochlorothiazide, gabapentin, Lamictal, OxyContin, Restoril, and Temazepam. On 06/24/2014, the injured worker complained of severe pain in the right knee and ankle. The physical examination revealed that there was a negative anterior/posterior drawer test. No instability was seen. There was pain over the tendon and super patellar effusion. There was also tenderness along the medial joint line and tenderness at the pes anserine bursa. Dorsalis pedis post was intact. The posterior tibial was a little faint. Past treatments consisted of injections, surgery, trigger point injections, a home exercise program, physical therapy, and medication therapy. X-ray of the knees bilaterally were obtained on 06/15/2013, which revealed medial joint space narrowing to 2.2 mm. The provider felt that the medications were helping maintained the injured worker's pain level and helping with activities of daily living. The Request for Authorization form was submitted on 06/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #30 refill x2 (Duloxetine 60mg #30): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43.

Decision rationale: The request for Cymbalta 60 mg is not medically necessary. The California MTUS Guidelines recommend Cymbalta as an option in first line treatment for 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 medication, sleep quality and duration, and psychological assessment. There was a lack of evidence of an objective assessment of the injured worker's pain levels. Furthermore, there was a lack of documented evidence of efficacy of the injured worker's medications. Additionally, the frequency of the medication was not provided in the submitted request. As such, the request is not medically necessary.

Gabapentin 300 mg #60 refills x2 (Neurontin 300mg #60): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-epilepsy Drugs (Gabapentin) Page(s): 18.

Decision rationale: The request for gabapentin 300 mg is not medically necessary. The California MTUS Guidelines note that relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from the modality should include evaluating the effect of pain relief in relation to improvements in function and increased activity. The guidelines note that gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first line treatment for neuropathic pain. There was no mention of muscle weakness or numbness, which would indicate neuropathy. It did not appear that the injured worker had diagnoses which would be congruent with the guideline recommendations. As such, the request for gabapentin 300 mg is not medically necessary.

Norco 10-325mg #90 (Hydrocone/APAP 10/325mg #90): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 78 and 91.

Decision rationale: The request for Norco 10/325 mg is not medically necessary. The California MTUS Guidelines state that refills are limited, and will only occur at appointments.

Treatment compliance must occur for all other modalities enlisted, urine drug screens are required; the patient must acknowledge that they are aware of potential adverse effects of the use of opioids, including addiction. The guidelines require to cooperate of the 4 A's for ongoing monitoring; 4 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, which consist of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Dose recommendations for Norco consists of 5/500 mg 1 or 2 tablets by mouth every 4 to 6 hours as needed for pain, max of 8 tablets per day. Norco has a recommended maximum dose of 60 mg/24 hours. The injured worker's submitted reports lacked any evidence of treatment compliance, any side effects the injured worker might/might not be having or experiencing, and any history of drug screening testing. As such, the request for Norco 10/325 mg is not medically necessary.