

Case Number:	CM14-0133282		
Date Assigned:	08/22/2014	Date of Injury:	07/31/2007
Decision Date:	09/26/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/20/2014

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 Pain Medicine and is licensed to practice in Texas & Ohio. 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 38-year-old female who reported an injury on 07/31/2007. The mechanism of injury was not noted within the review. Her diagnoses was postlumbar laminectomy syndrome, lumbar facet syndrome, lumbar disc disorder. Prior surgery was noted to lumbar fusion, hardware removal, exploration of fusion, bilateral revision decompression L4-L5 and L5-S1, and laminectomy. Prior treatments were noted to be medications. Diagnostic imaging was noted to be x-rays and an MRI. Injured worker had a subjective complaint of lower back ache on a Primary Treating Physicians Progress Report dated 05/28/2014. She rated her pain with medication as a 3.5/10. Her medications were Celebrex, Soma, Norco, Cymbalta, and Neurontin. The objective data notes the injured worker with restricted range of motion over the lumbar spine. Palpation of the paravertebral muscles, hypertonicity, and tenderness are noted. There is tenderness over the spinous process. Patient cannot walk on heel or toes. Straight leg raising test was positive on the right side. On sensory examination, light touch sensation was decreased over entire bilateral legs proximally and distally on both sides. The treatment plan was for referral to a spine surgeon, pain medication refills. The providers rationale for the request was within the documentation submitted for review. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Use of Cymbalta 30mg #30 with 1 Refill (1x2): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) Page(s): 15.

Decision rationale: The request for Prospective Use of Cymbalta 30mg #30 with 1 Refill (1x2) is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines address Cymbalta as an FDA approved medication for anxiety, depression, diabetic neuropathy and fibromyalgia. This is used off label for neuropathic pain and radiculopathy. It is also recommended as a first line option for diabetic neuropathy. The documentation provided does not indicate efficacy with prior use of Cymbalta. In addition, the provider's request fails to indicate a frequency. Therefore, the request for Prospective Use of Cymbalta 30mg #30 with 1 Refill (1x2) is not medically necessary.

Prospective Use of Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid On-Going Management Page(s): 78.

Decision rationale: The request for Prospective Use of Norco 10/325mg #90 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) 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 for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. The documentation provided for review dated 05/28/2014 does not provide an adequate pain assessment. The 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. In addition, the provider's request fails to indicate a dosage frequency. Therefore, the request for Prospective Use of Norco 10/325mg #90 is not medically necessary.