

Case Number:	CM14-0139739		
Date Assigned:	09/05/2014	Date of Injury:	02/14/2007
Decision Date:	10/09/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/28/2014

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 California. 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 27 year old male who reported an injury on 02/14/2007. The mechanism of injury was not provided. The injured worker has a diagnosis chronic coccydynia. Past medical treatment included medications and physical therapy. Diagnostic studies were not indicated within the documentation. Surgical history was not indicated within the documentation. The injured worker complained of lower back pain to the coccyx region on 04/29/2014. The injured worker stated his pain was controlled to 50-60% with medications. The physical examination revealed tenderness to palpation in the coccyx region. Medications included Cymbalta, Vicodin, and Ibuprofen. The treatment plan was to continue medications. The rationale for the request was not submitted. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Vicodin 5/300mg #30 is not medically necessary. The injured worker complained of pain to lower back coccyx region on 04/29/2014. The California MTUS guidelines recommend ongoing review with 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, and 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 guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. There is a lack of documentation indicating the patient has improved functioning and pain with the use of the medication. There is a lack of documentation of a measured assessment of the injured worker's pain level. There is a lack of documentation indicating urine drug screening has been performed. Additionally, the request does not indicate the frequency at which the medication is prescribed. Therefore, the request for Vicodin 5/300mg #30 is not medically necessary.

Cymbalta 60mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 13-16.

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 Cymbalta 60mg #30 is not medically necessary. The injured worker complained of pain to the lower back coccyx region on 04/29/2014. The injured worker has a diagnosis chronic coccydynia. The California MTUS guidelines recommend Duloxetine (Cymbalta) for anxiety, depression, and fibromyalgia. The guidelines also state Cymbalta is used off-label for neuropathic pain and radiculopathy. Cymbalta is recommended as a first-line option for diabetic neuropathy. There is no high quality evidence reported to support the use of duloxetine for lumbar radiculopathy. There is a lack of documentation indicating the injured worker has been diagnosed with anxiety, depression, and fibromyalgia or neuropathic pain, radiculopathy, or diabetic neuropathy. There is a lack of documentation indicating the injured worker's pain is decreased with the medication. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed. Therefore, the request for Cymbalta 60mg #30 is not medically necessary.