

Case Number:	CM14-0141580		
Date Assigned:	09/10/2014	Date of Injury:	05/09/2002
Decision Date:	10/14/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/02/2014

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 60-year-old male who reported an injury on 05/09/2002 due to lifting a barrel of about 50 pounds when he developed an inguinal hernia that required surgical repair. Diagnosis was failed surgery for hernia. Due to ongoing pain, the injured worker had a second inguinal hernia where the mesh was replaced. Physical examination on 07/03/2014 revealed complaints of chronic right inguinal pain secondary to failed hernia surgery. The injured worker reported he was having increased pain due to lower dosage of his Cymbalta and Lyrica. The injured worker denied any hematuria. The pain was rated a 9/10. The injured worker uses a frozen water bottle and applies it to the groin area and reported that it helps with the pain. The examination revealed the injured worker was tender to palpation of the right groin, very sensitive in the area, and unable to fully exam due to the patient's extreme pain. Medications were Cymbalta, Lyrica, Arthrotec, Norco, and tizanidine. The treatment plan was to give the injured worker a Toradol injection while at the office. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

TIZANIDINE 4MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time and there is a lack of documentation of objective improvement. Therefore, continued use of this medication would not be supported. Therefore, the request is not medically necessary.

CYMBALTA 30MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43-44. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine, Antidepressants Page(s): 44, 13.

Decision rationale: The California Medical Treatment Utilization Schedule states Cymbalta (duloxetine) is recommended as an option and first line treatment option in neuropathic pain. Duloxetine is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, with the effect found to be significant by the end of week 1. The medical guidelines also recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration, and psychological assessments. Although the injured worker has reported pain relief and functional improvement from the medication, the provider did not indicate a frequency for the medication. Therefore, the request for Cymbalta 30 mg #90 is not medically necessary.

NORCO 10/325MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing

management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The efficacy of this medication was not reported. The request does not indicate a frequency for the medication. Although the injured worker has some pain relief with this medication, the request does not indicate a frequency for the medication. Therefore, the request for Norco 10/325 mg #180 is not medically necessary.