MAXIMUS Federal Services

Case Number:	CM14-0149044		
Date Assigned:	09/18/2014	Date of Injury:	09/14/2011
Decision Date:	10/17/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/13/2014

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 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 patient is a 32-year-old female who has submitted a claim for postoperative anterior cervical discectomy and fusion, C5-6, cervical disc disease, cervical radiculitis, cervical intervertebral disc herniation associated with an industrial injury date of 09/14/2011.Medical records from 02/11/2013 to 08/14/2014 were reviewed and showed that patient complained of neck pain graded 5/10 radiating down bilateral trapezius area. There was no complaint of GI disturbance or intolerance to oral medications. Physical examination revealed well-healed anterior surgical scar, decreased cervical ROM, and intact neurologic examination of upper extremities. MRI of the cervical spine dated 02/06/2012 revealed C5-6 disc herniation. EMG/NCV of upper extremities dated 06/26/2012 revealed chronic bilateral C5-6 radiculopathy. Of note, there was no diagnosis of anxiety, depression, diabetic neuropathy, and fibromyalgia.Treatment to date has included anterior cervical discectomy and fusion, C5-6 (03/05/2013), 33 visits of physical therapy, 2 trigger point injections (03/18/2014) TENS, Cymbalta 30mg #30 (DOS: 08/25/2014), Hydrocodone 5/325mg #90 (prescribed since 04/15/2014), Naproxen 550mg #60 (prescribed since 03/18/2014), Omeprazole 20mg #30 (prescribed since 11/20/2013), and Ultracet #60 (prescribed since 11/20/2013). Of note, there was no documentation of functional outcome from oral medications and physical therapy.Utilization review dated 08/25/2014 denied the request for Cymbalta 30mg #30, Hydrocodone 5/325mg #90, Naproxen 550mg, Omeprazole 20mg, and physical therapy 2x4 to cervical spine. However, rationale behind the decisions was not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 15,105,78,67,68,98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 15-16.

Decision rationale: As stated on pages 15-16 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia; is used off-label for neuropathic pain and radiculopathy; recommended as a first-line option for diabetic neuropathy; and has no high quality evidence to support use for lumbar radiculopathy. In this case, the patient was prescribed Cymbalta 30mg #30 (DOS: 08/25/2014). However, there was no discussion of concurrent anxiety, depression, diabetic neuropathy, and fibromyalgia to support Cymbalta use per guidelines. There is no discussion as to why variance from the guidelines is needed. Therefore, the request for Cymbalta 30mg #30 is not medically necessary.

Hydrocodone 5/325mg #90: Upheld

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

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

Decision rationale: According to page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient was prescribed Hydrocodone 5/325mg #90 since 04/15/2014). However, there was no documentation of functional improvement or analgesia to support continuation of opioid treatment. Therefore, the request for Hydrocodone 5/325mg #90 is not medically necessary.

Naproxen 550mg (quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), back pain - chroni.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to CA MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Continuation or modification of pain management depends on the physician's

evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. There is no evidence of long-term effectiveness for pain or function. In this case, the patient was prescribed Naproxen 550mg #60 since 03/18/2014. However, there was no documentation of functional outcome from Naproxen use. Moreover, the long-term use of NSAIDs is not in conjunction with guidelines recommendation. The request likewise failed to specify the quantity of Naproxen to be dispensed. Therefore, the request for Naproxen 550mg (quantity unspecified) is not medically necessary.

Omeprazole 20mg (quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be started with proton pump inhibitor. In this case, the patient was prescribed Omeprazole 20mg #30 since 11/20/2013. However, there was no complaint of GI disturbance or intolerance to oral medications. The patient did not meet the criteria for those at risk for GI events as well. The request likewise failed to specify the quantity of Omperazole to be dispensed. Therefore, the request for Omeprazole 20mg (quantity unspecified) is not medically necessary.

Physical Therapy 2x 4 to cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, the patient completed 33 visits of physical therapy. There was no documentation of functional outcome from previous therapy visits. It is unclear as to why the patient cannot transition into [redacted]. Therefore, the request for Physical Therapy 2x 4 to cervical spine is not medically necessary.