

Case Number:	CM14-0161797		
Date Assigned:	10/07/2014	Date of Injury:	02/28/2005
Decision Date:	11/07/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/02/2014

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 Anesthesiology, 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 46-year-old male who reported injury on 02/28/2005. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of chronic back pain. Past medical treatment consists of medication therapy. Medications include Celebrex, Cymbalta, Flexeril, Lyrica, and Norco. The documentation submitted for review indicates that a drug screen was obtained on 08/24/2014. However, the results were not submitted for review. On 09/10/2014, the injured worker complained of back pain. Physical examination lacked indication of the injured worker being tested for range of motion, motor strength or sensory deficits. The medical treatment plan is for the injured worker to continue the use of medication therapy. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Duloxetine (Cymbalta), Mental Illness and Stress

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

Decision rationale: 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 the use of other analgesic medication, sleep quality and duration and psychological assessment. The submitted documentation did not indicate the efficacy of the medication. Additionally, there was no evidence of an objective assessment of the injured worker's pain level. Furthermore, there was lack of documented evidence showing that the injured worker had a diagnosis congruent with the above guidelines. The request as submitted did not indicate a frequency of the medication. Given the above, the injured worker is not within MTUS recommended guidelines. As such, the request is not medically necessary.

Lyrica 150mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 16.

Decision rationale: The California MTUS Guidelines state Lyrica is an anticonvulsant that has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first line treatment for both. This medication is designated as a schedule V controlled substance because of its causal relationship with euphoria. This medication also has an antianxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. The submitted documentation lacked the efficacy of the medication, nor did it indicate that the Lyrica was helping with any functional deficits the injured worker had. Furthermore, there was no indication in the submitted documentation that the injured worker had a diagnosis congruent with the above guidelines. There were no functional deficits submitted for review in physical examination. Given the above, the injured worker is not within MTUS recommended guidelines. As such, the request is not medically necessary.

Norco 10/325mg #15 with 2 refills: Upheld

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

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

Decision rationale: The California MTUS 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. It is further recommended that dosing of opioids not exceed 120 mg oral morphine equivalents per day, and for patients taking more than 1 opioid, the morphine equivalent dose of the different opioids must be added together to determine the cumulative

dose. An assessment indicating pain levels before, during and after medication administration should also be submitted for review. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that the Norco was helping with any functional deficits the injured worker may have had. Furthermore, there were no urine drug screens submitted for review. The physical examination lacked any indication of functional deficits the injured worker had. Additionally, there was no assessment submitted for review indicating what pain levels were before, during, and after medication administration. Given the above and lack of submitted documentation, the request is not medically necessary.