MAXIMUS Federal Services

Case Number:	CM14-0028454		
Date Assigned:	06/20/2014	Date of Injury:	07/21/2003
Decision Date:	08/28/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/05/2014

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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 21, 2003. Thus far, the applicant has been treated with analgesic medications; unspecified amounts of physical therapy; adjuvant medications; a spinal cord stimulator trial; massage therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated March 12, 2014, the claims administrator denied a lumbar support while partially certifying Cymbalta, Dilaudid, Opana, and Morphine. In a January 29, 2014 progress note, the applicant presented with persistent complaints of low back pain. The applicant was spending a great deal of time in his bed. The applicant was apparently in the process of pursuing a permanent spinal cord stimulator implantation, it was stated. The applicant was using Dilaudid, Valium, Soma, Cymbalta, Norco, Prilosec, Opana, Lactulose, and Morphine, it was stated. Limited lumbar range of motion was noted. The applicant was given diagnoses of chronic low back pain, radiculopathy, anxiety, depression, and hardware failure. The applicant was placed off of work, on total disability. In a later note of February 26, 2014, the applicant was again described as having persistent complaints of low back pain with limited range of motion. The applicant was asked to continue current medications and remain off of work. In a March 28, 2014 progress note, it was again stated that the applicant was unable to work. It was further noted that the applicant had had a drug test which was positive for marijuana metabolites, it was noted. The actual drug test report of February 26, 2014 was in fact notable for positive marijuana metabolites. In an April 9, 2014 pain management note, the applicant was described as having ongoing complaints of anxiety, depression, insomnia, and memory impairment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, 47.

Decision rationale: While the MTUS adopted ACOEM Guidelines in Chapter 15, page 402 acknowledged that it often takes weeks for antidepressants to exert their maximal effect, in this case, however, the applicant had seemingly been using Cymbalta for several months and several years. There has been no seeming evidence of medication efficacy achieved as a result of the same. The applicant continues to report ongoing issues with anxiety, depression, and insomnia, despite ongoing usage of Cymbalta. No clear improvements in mood or function have been achieved as a result of ongoing Cymbalta usage. It does not appear that ongoing usage of Cymbalta has ameliorated the applicant's work status or underlying issues with depression. Page 47 of the MTUS adopted ACOEM Guidelines in Chapter 3 further stipulates that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, there has been no demonstration of medication efficacy insofar as Cymbalta is concerned incorporated into any recent progress note. The applicant's ongoing depressive symptoms and failure to return to any form of work, furthermore, constitute a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Cymbalta. Therefore, the request is not medically necessary.

Dilaudid 4mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids Page(s): 79.

Decision rationale: As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, immediate discontinuation has been suggested for applicants in whom illicit drug usage is suspected. In this case, the applicant is, in fact, concurrently using marijuana, an illicit substance. Continuing opioid therapy in the face of the applicant's concurrently using illicit substances is not recommended. Rather, page 79 of the MTUS Chronic Pain Medical Treatment Guidelines suggests immediate discontinuation of opioids in this context. Therefore, the request is not medically necessary.

Opana ER 40mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same.

MS Contin 30mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management, When to Discontinue Opioids Page(s): 78, 79.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. In this case, however, no rationale has been proffered for usage of two separate long-acting opioids, namely Opana extended release and MS Contin. It is further noted that the applicant's concurrent usage of illicit substances, such as marijuana, make immediate discontinuation of opioids a more appropriate option than continuation of the same, as suggested on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Purchase of one Lumbar Support Belt: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: As noted in the MTUS adopted ACOEM Guidelines in Chapter 12, page 301, lumbar supports have not been shown to have any lasting benefit outside of the acute phase of symptom relief. In this case, the applicant is, quite clearly, well outside of the acute phase of symptom relief following an industrial injury of July 21, 2003. Provision of a lumbar support is not indicated in the face of the unfavorable ACOEM position on the same. Therefore, the request is not medically necessary.