

Case Number:	CM14-0029214		
Date Assigned:	06/20/2014	Date of Injury:	09/04/2003
Decision Date:	08/29/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/07/2014

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, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 51-year-old female with a 9/4/03 date of injury. At the time (1/24/14) of request for authorization for Lunesta 3mg #30 with two (2) refills, Tylenol with Codeine #3, 30/300mg #60 with one (1) refill, and Cymbalta 30mg #30 with one (1) refill, there is documentation of subjective (sciatic symptoms in the right lower extremity) and objective (tenderness to palpation over the cervical spine, spasms over the bilateral lower cervical paraspinal regions, and reduced cervical spine range of motion in all planes) findings, current diagnoses (Chronic cervicgia, cervical degenerative disc disease, chronic low back pain, lumbar degenerative disc disease, bilateral sciatic with motor findings suggestive of bilateral L5 motor radiculopathy, and pain-related insomnia), and treatment to date (medications (including ongoing treatment with Tylenol #3 and Lunesta)). Medical report identifies that Tylenol #3 helps with low back pain and patient is able to function adequately with activities of daily living; that the patient has signed a pain contract; and that Lunesta helps with insomnia and patient has less fatigue during the day with activities of daily living. 5/14/14 medical report identifies 40% improvement in sciatic symptoms with Cymbalta and that the medication helps with anxiety. Regarding Cymbalta, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Cymbalta use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg #30, two (2) refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomina treatment\.

Decision rationale: MTUS does not address this issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services.ODG states non-benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) are first-line medications for insomnia which includes eszopicolone (Lunesta). Within the medical information available for review, there is documentation of a diagnosis of pain-related insomnia. In addition, there is documentation of ongoing treatment with Lunesta and that Lunesta helps with insomnia and patient has less fatigue during the day with activities of daily living, and there is documentation of functional benefit and an increase in activity tolerance as a result of Lunesta use to date. Therefore, based on guidelines and a review of the evidence, the request for Lunesta 3mg #30, two (2) refills is medically necessary.

Tylenol with Codeine #3, 30/300mg #60 with one (1) refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability guidelines regarding Tylenol or Codeine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic cervicgia, cervical degenerative disc disease, chronic low back pain, lumbar degenerative disc disease, bilateral sciatic with motor findings suggestive of bilateral L5 motor radiculopathy, and pain-related insomnia. In addition, there is documentation of ongoing treatment with Tylenol #3. Furthermore, given documentation that the patient has signed a pain contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Lastly, given documentation that Tylenol #3 helps with low back pain and

patient is able to function adequately with activities of daily living, there is documentation of functional benefit and an increase in activity tolerance as a result of Tylenol #3 use to date. Therefore, based on guidelines and a review of the evidence, the request for Tylenol with Codeine #3, 30/300mg #60 with one (1) refill is medically necessary.

Cymbalta 30mg #30 with one (1) refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines regarding duloxetine (Cymbalta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state Cymbalta is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of depression, generalized anxiety disorder, or pain related to diabetic neuropathy, as criteria necessary to support the medical necessity of Cymbalta. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical reports provided, there is documentation of diagnoses of Chronic cervicalgia, cervical degenerative disc disease, chronic low back pain, lumbar degenerative disc disease, bilateral sciatic with motor findings suggestive of bilateral L5 motor radiculopathy, and pain-related insomnia. In addition, there is documentation of anxiety and ongoing treatment with Cymbalta. However, despite documentation of 40% improvement in sciatic symptoms with Cymbalta and that the medication helps with anxiety, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Cymbalta use to date. Therefore, based on guidelines and a review of the evidence, the request for Cymbalta 30mg #30 with one (1) refill is not medically necessary.