

Case Number:	CM14-0098427		
Date Assigned:	09/16/2014	Date of Injury:	09/29/1988
Decision Date:	10/20/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/26/2014

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 Internal 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 injured worker is a 65-year-old male who was injured on 09/29/1988. The mechanism of injury is unknown. Prior treatment history has included hydrocodone, Cymbalta, and alprazolam as well as physical therapy. Progress report dated 06/16/2014 states the patient presented with complaints of chronic pain and follow-up of initiation of Cymbalta. His Cymbalta had been increased with good response, to 60 mg. He reported taking hydrocodone which brings his pain down to 6/10. He continued to have back pain and it can increase to 10/10. On exam, straight leg raise is negative. Deep tendon reflexes are 2+ and symmetrical. Lumbar range of motion with fingers to above ankles easily, extension good with no pain. Assessment is chronic low back pain with radicular pain; degeneration of lumbar intervertebral disc, displacement of lumbar intervertebral disc without myelopathy; and thoracic or lumbosacral neuritis or radiculitis. The patient was recommended to continue Norco 10 mg prn pain. The patient was recommended for ophthalmology consultation since the initiation of Cymbalta. Prior utilization review dated 06/17/2014 states the request for 1 optometry or ophthalmology consult is not certified as there is no documented evidence to support the request; 1 prescription of Norco 10/325 mg #100 is modified to certify Norco 10/325 mg #75; and 1 prescription for Cymbalta 60 mg #60 is modified to certify Cymbalta 60 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 optometry or ophthalmology consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute. Eye. Encinitas (CA): Work Loss Data Institute; 2013 Mar 19. various p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent medical examination and consultation, page(s) 503.

Decision rationale: The guidelines recommend referral to a specialist when deemed necessary by the treating provider. The patient has been having trouble with blurred vision which may be related to the Cymbalta. Although the blurred vision is not a red flag symptom independently it may be associated with other underlying pathology. It is reasonable that the patient should have a detailed eye exam under slit lamp by an eye specialist. The patient may have underlying pathology which could be reversed or progression prevented if evaluated by the correct specialist. Based on the guidelines and criteria as well as the clinical documentation stated above, the request for one optometry or ophthalmology consult is medically necessary and appropriate.

1 prescription of Norco 10/325mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen(Norco); Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-96.

Decision rationale: The guidelines recommend chronic opioid therapy for patients with chronic pain who have improved analgesia, improved level of functioning/ADLs, no significant side effects, and no aberrant behavior. The clinical documents did not adequately justify that the patient has had significant improvement in level of functioning and ADLs. With the addition of Cymbalta the patient's pain has been better controlled and it would be appropriate to wean from narcotics at this time. Based on the guidelines and criteria as well as the clinical documentation stated above, the request for one prescription of Norco 10/325mg #100 is not medically necessary and appropriate.

1 prescription for Cymbalta 60mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta (Duloxetine).

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

Decision rationale: The guidelines recommend Cymbalta as a first line option in the treatment of neuropathic pain. From the clinical documents it appears the patient has a clinical component

of neuropathic pain. The clinical notes document the patient has had a clinical benefit from the Cymbalta. Although the patient has had side effects from Cymbalta, the treating physician and patient will decide if these outweigh the benefits of the medication. Additionally, the patient is tapering Norco and should not taper multiple pain medications simultaneously. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.