

Case Number:	CM14-0099826		
Date Assigned:	07/30/2014	Date of Injury:	05/21/2002
Decision Date:	09/19/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/30/2014

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 55-year-old female with a 5/21/02 date of injury. At the time (5/21/14) of request for authorization for Cymbalta 30mg #60 with 5 refills and Flexeril 10mg #60 with 3 refills, there is documentation of subjective (lower back and bilateral leg pain) and objective (no pertinent findings), current diagnoses (Degeneration Lumbar Disc), and treatment to date (medications (including ongoing treatment with Cymbalta and Flexeril since at least 1/10/14). Medical reports identify that medications help improve pain. In addition, medical report identifies that Cymbalta is for burning neuropathic pain and that Flexeril is for severe muscle spasms. 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 medication as a result of Cymbalta use to date. Regarding Flexeril, there is no documentation of acute muscle spasm; the intention to treat over a short course (less than two weeks); and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medication as a result of Flexeril use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #60 with 5 refils: Upheld

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

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 information available for review, there is documentation of a diagnosis of degeneration lumbar disc. In addition, there is documentation of ongoing treatment with Cymbalta and neuropathic pain. However, despite documentation that medications help improve pain, 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 medication as a result of Cymbalta use to date. In addition, the requested 5 refills exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for Cymbalta 30mg #60 with 5 refills is not medically necessary.

Flexeril 10mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. 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 identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of a degeneration lumbar disc. In addition, there is documentation of ongoing treatment with Flexeril. However, despite documentation that Flexeril is for severe muscle spasms, and given documentation of a 5/21/02 date of injury, there is no documentation of acute muscle spasm. In addition, given documentation of records reflecting prescriptions for Flexeril since at least 1/10/14, there is no documentation of the intention to treat over a short course (less than two weeks). Furthermore, despite documentation that medications help improve pain, 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 medication as a result of Flexeril use to date. Therefore, based on guidelines and a review of the evidence, the request for Flexeril 10mg #60 with 3 refills is not medically necessary.

Nucynta ER 50mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Tapentadol (Nucynta).

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. ODG identifies documentation of moderate to severe pain; and Nucynta used as a second line therapy for patients who develop intolerable adverse effects with first line opioids, as criteria necessary to support the medical necessity of Nucynta. Within the medical information available for review, there is documentation of a diagnosis of degeneration lumbar disc. In addition, there is documentation of moderate to severe chronic pain. Furthermore, given documentation that the patient has failed therapy with morphine and Norco given the side effects, there is documentation that Nucynta is being used as a second line therapy resulting from intolerable adverse effects with first line opioids. However, there is no 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. In addition, despite documentation of ongoing treatment with Nucynta ER with decreased pain levels, 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 Nucynta ER use to date. Therefore, based on guidelines and a review of the evidence, the request for Nucynta ER 50mg #120 is not medically necessary.

Topiramate-Topamax 100mg #60 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax) and Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax) Page(s): 21. Decision based on Non-MTUS Citation [Official](http://www.drugs.com/pro/topamax.html) Disability Guidelines (ODG) <http://www.drugs.com/pro/topamax.html>.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when other anticonvulsants have failed, as criteria necessary to support the medical necessity of Topiramate. 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. Medical Treatment Guideline identifies Topiramate is indicated for adults and adolescents 12 years of age and older for the prophylaxis of migraine headache. Within the medical information available for review, there is documentation of a diagnosis of degeneration lumbar disc. In addition, there is documentation of neuropathic pain. Furthermore, given documentation of failure to respond to Gabapentin therapy, there is documentation that other anticonvulsants have failed. Lastly, given documentation of ongoing treatment with Topiramate with increased activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of Topiramate use to date. Therefore, based on guidelines and a review of the evidence, the request for Topiramate-Topamax 100mg #60 with 3 refills is medically necessary.