

Case Number:	CM14-0214067		
Date Assigned:	12/31/2014	Date of Injury:	12/29/2006
Decision Date:	03/03/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female patient with a date of injury of December 29, 2006. A utilization review determination dated December 5, 2014 recommends non-certification of Cymbalta 60 mg 1 PO QD #30, Opana 10mg #90, and Opana ER 30mg #60. A progress note dated November 24, 2014 identifies subjective complaints of the patient taking Opana ER 30mg BID, Opana 10mg 4/day, Cymbalta, and Prevacid. The patient states that the medications allow her to walk, go to the grocery store, and do light cleaning. The patient has been weaned down on her opiates and is currently taking the lowest possible dose to achieve function, she obtains approximately 50% relief with her medications. The patient rates are pain as a 5-7/10 with medications and a 10/10 without medications. There is documentation that a CURES report was reviewed and revealed no provider overlap. The physical examination reveals moderate edema of bilateral hands and ankles/feet, blotchy erythema of the skin over the lower 1/3 of the lower legs and of ankles and feet, Phalen's was positive on the right with numbness in the long finger, the patient is wearing bilateral wrist braces, she ambulates with a one point cane, and she reports tenderness to palpation in the lumbosacral junction. The diagnoses include post-laminectomy syndrome of the lumbar region, neuralgia/neuritis/radiculitis, degeneration of cervical intervertebral disc, carpal tunnel syndrome, carpal tunnel syndrome, GERD, chronic lumbar radiculopathy, venous stasis of lower extremity, and autonomous neurogenic bladder. The treatment plan recommends an attempt to wean Opana 10mg to TID #90 and possibly lower again in December 2014, a prescription for Cymbalta 60 mg #30 this medication is helping her mood and pain, a

prescription for Opana ER 30 mg #60, a prescription for Prevacid 30 mg #60, and a prescription for atenolol 25mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg Oral 1 cap p.o o.d for # 0 days #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 13-16.

Decision rationale: Regarding the request for Cymbalta 60mg 1 PO QD #30, guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, there is identification that the Cymbalta provides analgesic effect and there is documentation of objective functional improvement, and improvement in psychological well-being. As such, the currently requested Cymbalta 60mg 1 PO QD #30 is medically necessary.

Opana 10mg # 90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Opana 10mg #90, California Pain Medical Treatment Guidelines state that Opana is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain, and documentation of a CURES report which was reported to be consistent. It is acknowledged that there was no specific questioning about side effects. But, a one month prescription of the medication should allow the requesting physician time to better document side effects. In light of the above, the currently requested Opana 10mg #90 is medically necessary.

Opana ER 30mg # 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Opana ER 30mg #60, California Pain Medical Treatment Guidelines state that Opana ER is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain, and documentation of a CURES report which was reported to be consistent. It is acknowledged that there was no specific questioning about side effects. But, a one month prescription of the medication should allow the requesting physician time to better document side effects. In light of the above, the currently requested Opana ER 30mg #60 is medically necessary.