

Case Number:	CM14-0214894		
Date Assigned:	01/07/2015	Date of Injury:	10/15/2001
Decision Date:	02/28/2015	UR Denial Date:	12/09/2014
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

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 patient is a 67 year old female with an injury date of 10/15/01. Based on the 11/24/14 progress report provided by treating physician, the patient complains of low back pain, musculoskeletal pain that radiates "all over the body," rated 8/10 with and 10/10 without medications, and anxiety. Patient's gait is normal. Physical examination to the lumbar spine on 11/24/14 revealed tenderness to palpation to the paraspinals with active trigger points. Per progress report dated 11/24/14, patient "found Cymbalta, Ultram and Neurontin to be helpful for her pain," as well as trigger point injections for her low back pain. Tramadol, Neurontin and Cymbalta have been included in patient's medications per progress reports dated 02/06/13, 12/22/14. Guidelines for each requested medication have been cited in treater report dated 11/24/14. Patient's medications "continue to take a good edge off of her pain and are well tolerated." Per treater report dated 12/22/14, Urine drug screen was done on 05/08/14, CURES was addressed on 09/10/13 and Medication Agreement on 09/10/13. American Quality of Life Scale, which measures function for people with pain reported that with medications "the patient is able to: struggle but fulfills daily home responsibilities. No outside activities. Not able to work/volunteer;" and without medications "the patient is able to: get dressed in the morning. Perform minimal activities at home. Contact with friends via phone or email." Patient is permanent and stationary. Diagnosis 11/24/14- Low back pain, chronic- Fatigue/malaise, chronic- Myalgia and myositis, unspecified- Neck pain, chronic- Pain in thoracic spine, chronic The utilization review determination being challenged is dated 12/09/14. Treatment reports were provided from 01/09/13 -12/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg QTY: 300.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids, medication for chronic pain Page(s): 88 and 89, 76-78; 60-61.

Decision rationale: The body, " rated 8/10 with and 10/10 without medications. The request is for Tramadol HCL 50mg qty 300.00. Per progress report dated 11/24/14, patient "found Cymbalta, Ultram and Neurontin to be helpful for her pain," as well as trigger point injections for her low back pain. Tramadol, Neurontin and Cymbalta have been included in patient's medications per progress reports dated 02/06/13, 12/22/14. Guidelines for each requested medication have been cited in treater report dated 11/24/14. Patient's medications "continue to take a good edge off of her pain and are well tolerated." American Quality of Life Scale, which measures function for people with pain reported that with medications "the patient is able to: struggle but fulfills daily home responsibilities. No outside activities. Not able to work/volunteer;" and without medications "the patient is able to: get dressed in the morning. Perform minimal activities at home. Contact with friends via phone or email." Patient is permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales, validated instruments and functional measures that show significant improvement. Therefore, the request IS medically necessary

Neurontin 300mg QTY: 450.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19, 49, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regarding Gabapentin Page(s): 18, 19.

Decision rationale: The patient presents with anxiety, low back pain, and musculoskeletal pain that radiates "all over the body," rated 8/10 with and 10/10 without medications. The request is for Neurontin 300mg qty 450.00. Per progress report dated 11/24/14, patient "found Cymbalta, Ultram and Neurontin to be helpful for her pain," as well as trigger point injections for her low back pain. Tramadol, Neurontin and Cymbalta have been included in patient's medications per

progress reports dated 02/06/13, 12/22/14. Guidelines for each requested medication have been cited in treater report dated 11/24/14. Patient's medications "continue to take a good edge off of her pain and are well tolerated." American Quality of Life Scale, which measures function for people with pain reported that with medications "the patient is able to: struggle but fulfills daily home responsibilities. No outside activities. Not able to work/volunteer;" and without medications "the patient is able to: get dressed in the morning. Perform minimal activities at home. Contact with friends via phone or email." Patient is permanent and stationary. MTUS has the following regarding Gabapentin on pg. 18, 19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treating physician states in progress report dated 11/24/14, that patient are medications "continue to take a good edge off of her pain and are well tolerated." The patient presents with radicular symptoms and anxiety. In this case, adequate documentation has been provided including numeric scales, validated instruments and functional measures that show significant improvement. The request meets guideline indications, therefore Neurontin IS medically necessary.

Cymbalta 60mg QTY: 180.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 16-17.

Decision rationale: The patient presents with anxiety, low back pain, and musculoskeletal pain that radiates "all over the body," rated 8/10 with and 10/10 without medications. The request is for Cymbalta 60mg qty 180.00. Per progress report dated 11/24/14, patient "found Cymbalta, Ultram and Neurontin to be helpful for her pain," as well as trigger point injections for her low back pain. Tramadol, Neurontin and Cymbalta have been included in patient's medications per progress reports dated 02/06/13, 12/22/14. Guidelines for each requested medication have been cited in treater report dated 11/24/14. Patient's medications "continue to take a good edge off of her pain and are well tolerated." American Quality of Life Scale, which measures function for people with pain reported that with medications "the patient is able to: struggle but fulfills daily home responsibilities. No outside activities. Not able to work/volunteer;" and without medications "the patient is able to: get dressed in the morning. Perform minimal activities at home. Contact with friends via phone or email." Patient is permanent and stationary. For Cymbalta, the MTUS guidelines page16-17 states, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy... Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks." Treating physician states in progress report dated 11/24/14, that patient's medications "continue to take a good edge off of her pain and are well tolerated." The patient presents with radicular symptoms and anxiety. In this case, adequate documentation has been provided

including numeric scales, validated instruments and functional measures that show significant improvement

Cymbalta 30mg QTY: 150.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYMBALTA Page(s): 16-17.

Decision rationale: The patient presents with anxiety, low back pain, and musculoskeletal pain that radiates "all over the body," rated 8/10 with and 10/10 without medications. The request is for CYMBALTA 30MG QTY 150.00. Per progress report dated 11/24/14, patient "found Cymbalta, Ultram and Neurontin to be helpful for her pain," as well as trigger point injections for her low back pain. Tramadol, Neurontin and Cymbalta have been included in patient's medications per progress reports dated 02/06/13, 12/22/14. Guidelines for each requested medication have been cited in treater report dated 11/24/14. Patient's medications "continue to take a good edge off of her pain and are well tolerated." American Quality of Life Scale, which measures function for people with pain reported that with medications "the patient is able to: struggle but fulfills daily home responsibilities. No outside activities. Not able to work/volunteer;" and without medications "the patient is able to: get dressed in the morning. Perform minimal activities at home. Contact with friends via phone or email." Patient is permanent and stationary. For Cymbalta, the MTUS guidelines page 16-17 states, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy... Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks. "Treater states in progress report dated 11/24/14, that patient's medications "continue to take a good edge off of her pain and are well tolerated." The patient presents with radicular symptoms and anxiety. In this case, adequate documentation has been provided including numeric scales, validated instruments and functional measures that show significant improvement. The request meets guideline indications, therefore Cymbalta IS medically necessary.