

Case Number:	CM14-0088700		
Date Assigned:	07/23/2014	Date of Injury:	04/07/2004
Decision Date:	06/02/2015	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/12/2014

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: Maryland

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

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 62 year old female, who sustained an industrial injury on April 7, 2004. She reported a "cracking noise" and pain in her back. The injured worker was diagnosed as having back pain, lumbar disc disorder without myelopathy, and radiculitis. She is status post lumbar fusion in 2006. Diagnostic studies to date have included MRI and x-rays. Treatment to date has included physical therapy, transforaminal and caudal epidural steroid injections, a transcutaneous electrical nerve stimulation (TENS) unit, ice/heat, stretching, and medications including pain, muscle relaxant, antidepressant, and anti-anxiety. On March 21, 2014, the injured worker complains of ongoing low back pain across the lumbar spine, which is described as throbbing, aching, and sharp. The pain radiates into the bilateral lower extremities. The regarding is no change in her symptoms. Her pain level is rated 8/10. All physical activities exacerbate her pain. Her activities are moderately limited by her pain. The physical exam revealed moderate tenderness of the bilateral lower lumbar paraspinal muscles, a positive left straight leg raise, decreased strength of the bilateral ankle dorsiflexion, a moderate antalgic gait, and uses a cane. The psychiatric assessment was unremarkable. The treatment plan includes continuing her Cymbalta and Metaxalone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific antidepressants- Duloxetine (Cymbalta) Page(s): 15.

Decision rationale: Cymbalta 30 mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that 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. There is no high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy and studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. The documentation does not indicate significant functional improvement on prior Cymbalta. Furthermore, the request as written does not specify a dose. The request for Cymbalta is not medically necessary.

Metaxalone 800 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone (Skelaxin) and Muscle relaxants (for pain) Page(s): 61 and 63.

Decision rationale: Metaxalone 800 mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends Metaxalone with caution as a second-line option for short-term pain relief in patients with chronic low back pain. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The documentation indicates that the patient has been on this medication long term. The documentation does not reveal significant functional improvement on prior Metaxalone. The documentation does not indicate this is being for an acute exacerbation of pain as the patient has chronic pain. The request for Metaxalone is not medically necessary.

Norco 10/325 mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Norco 10/325 mg #240 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long term opioids without significant evidence of functional improvement therefore the request for continued Norco is not medically necessary.