

Case Number:	CM15-0015848		
Date Assigned:	02/03/2015	Date of Injury:	10/18/2007
Decision Date:	06/11/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/27/2015

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, Washington

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:

The injured worker is a 54 year old male, who sustained an industrial injury on 10/18/2007. The injured worker diagnosed as status post right L4 and L5 hemilaminectomy, discectomy, foraminotomy at L5-S1; status post lumbar laminectomy; failed back surgery syndrome; lumbar radiculopathy; bilateral lumbar facet arthropathy and sacroiliac joint arthropathy. Treatment to date has included oral pain medication, spinal cord stimulator and surgery. In a progress note dated 12/11/2014, the injured worker complained of continued 8-9/10 pain and difficulty sleeping as a result of pain. The injured worker was noted to have 50-75% pain relief with the spinal cord stimulator but that when the leads became dislodged, the pain increased. Objective physical examination findings were notable for significant spasm and decreased range of motion of the lumbar spine and a positive straight leg raise. A request for authorization form was submitted on 01/09/2015 for refills of Norco, Cymbalta, Gabapentin for pain and Nortriptyline for sleep was made as well as a request for urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it is noted that the injured worker has continuously utilized Norco 10/325 mg since at least 10/2014. There is no documentation of objective functional improvement. There was no mention of a failure of nonopioid analgesics. There is no documentation of a written consent or agreement for chronic use of an opioid. Previous urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. There is also no frequency listed in the request. Given the above, the request is not medically necessary at this time.

Cymbalta 60mg quantity 30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: The California MTUS Guidelines state Cymbalta has been FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used off label for neuropathic pain and radiculopathy. In this case, it is noted that the injured worker has continuously utilized the above medication since at least 10/2014 without any evidence of objective functional improvement. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

Gabapentin 600mg quantity 120 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: The California MTUS Guidelines recommend antiepilepsy drugs for neuropathic pain. In this case, it is noted that the injured worker has utilized gabapentin 600 mg since at least 10/2014. There is no documentation of objective functional improvement. The injured worker reported no change in symptoms with 8/10 to 9/10 pain. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

Nortriptyline 75mg quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. In this case, it is noted that the injured worker has continuously utilized nortriptyline 25 mg. However, the injured worker reported on 12/11/2014 the nortriptyline 25 mg did not help with insomnia. The medical necessity for the ongoing use of nortriptyline has not been established in this case. There is also no frequency listed in the request. Given the above, the request is not medically necessary at this time.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, Pain procedure summary, Urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no mention of non-compliance or misuse of medication. There is no indication that this injured worker falls under a high-risk category that would require frequent monitoring. Therefore, the current request is not medically necessary.