

Case Number:	CM15-0017989		
Date Assigned:	02/05/2015	Date of Injury:	07/12/1999
Decision Date:	04/14/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/30/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 57-year-old female, who sustained an industrial injury on July 12, 1999. She has reported chronic right gluteal pain. The diagnoses have included chronic myofascial gluteal pain, chronic bilateral trochanteric bursitis, chronic neuropathic gluteal pain, chronic pain syndrome and minimal depression. Treatment to date has included home exercise, physical therapy, TENS unit, massage, relaxation training and medication. The most current evaluation found in the medical record was dated November 16, 2012. She complained of pain throughout her lower back, right buttocks with radiation down her right leg. She reported her pain medication, TENS unit, massage, exercise program and relaxation training to improve her condition. She reported physical therapy provided no change in her condition. She denied any problems with her medication. She reported the Cymbalta to greatly improve her pain symptoms and to keep her down on her opioid analgesics. On January 12, 2015, Utilization Review non-certified a retrospective request (10/28/14) Methadone 5mg #90, retrospective request (10/28/14) Baclofen 10mg #90 and retrospective request (10/28/14) Cymbalta 60mg #30, noting the CA MTUS. Weaning was recommended. On January 30, 2015, the injured worker submitted an application for Independent Medical Review for review of retrospective request (10/28/14) Methadone 5mg #90, retrospective request (10/28/14) Baclofen 10mg #90 and retrospective request (10/28/14) Cymbalta 60mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 10/28/14 request for Methadone 5mg #90: Upheld

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

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): 61-62 of 127..

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs."The most recent progress note dated November 16, 2012 reveals no documentation to support the medical necessity of methadone 5 mg nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. Additionally, the note in 2012 indicates the injured employee was currently prescribed 2.5 mg of methadone and this request is for 5 mg. There is no documentation supporting this increase of dosing. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

Retrospective 10/28/14 request for Baclofen 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Antispasticity drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 792.26; MTUS (Effective July 18, 2009) muscle relaxants (for pain) Page(s): 63, 64 of 127.

Decision rationale: The California MTUS guidelines indicate that Baclofen is specifically indicated for the treatment of spasticity and muscle spasms related to multiple sclerosis and other spinal cord injuries. The attached medical record does not indicate that the injured employee has

these conditions nor is there any documentation of improvement with the usage of Baclofen. As such, this request for Baclofen is not certified.

Retrospective 10/28/14 request for Cymbalta 60mg #30: Upheld

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

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): 43, 105 of 127.

Decision rationale: The California MTUS guidelines recommend antidepressants such as Cymbalta as a first-line treatment option for neuropathic pain. It is also indicated for the treatment of depression. The most recent note dated November 16, 2012 does include a complaint of radicular symptoms and indicates that Cymbalta has allowed the injured employee to decrease her usage of opioid medications however, the progress note dated December 9, 2011 indicates that Cymbalta has not been effective. Furthermore, it is unclear how Cymbalta has reduced the injured employee's usage of opioids if previous usage of methadone was 2.5 mg and there is a current request for 5 mg. Considering this, this request for Cymbalta is not certified.