

Case Number:	CM15-0113301		
Date Assigned:	06/19/2015	Date of Injury:	05/06/2012
Decision Date:	07/22/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/11/2015

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

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 35 year old male who sustained an industrial injury on 05/06/2012 resulting in a closed head injury, loss of consciousness, and multiple contusions. Treatment provided to date has included: physical therapy, lumbar injection (05/13/2015), medications, and conservative therapies/care. Diagnostic tests performed include: x-rays of the cervical and lumbar spines (05/15/2012); x-rays of the right wrist (05/15/2012); MRI of the lumbar spine (03/31/2014) showing mild degenerative disc disease and moderate facet arthropathy at L4-S1; and MRI of the shoulder (side not specified) (10/19/2012) showing no significant abnormalities. There were no noted comorbidities or other dates of injury noted. On 06/02/2015, physician progress report noted complaints of low back pain. The pain was rated 10/10 in severity (due to running out of medication), and was described as worse on the right with radiation to the right hip and right posterior thigh area. Current medications include Cymbalta and Norco (Norco is paid for out of pocket). The injured worker reported that the recent lumbar injection (05/13/2015) had provided a little relief but had only lasted an hour or so. He also reported that the Cymbalta makes him feel "weird" but more relaxed. The physical exam revealed stable vital signs, no cutes distress, and noticeably less anxious than recent visits. The provider noted diagnoses of head trauma, chronic back pain, left shoulder pain, lumbar disc disease, and facet arthropathy. Plan of care includes continued current medications (Norco and Cymbalta), restricted activities and follow-up. The injured worker's work status was noted to be restricted/modified. The request for authorization and IMR (independent medical review) includes: Norco and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10 mg #180: 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): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this 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 no current indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.

Cymbalta 20 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for duloxetine (Cymbalta), CA MTUS 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 no identification that the Cymbalta provides any specific analgesic effect (in terms of reduced numeric rating scale or percent reduction in pain), or provides any objective functional improvement, or reduction in opiate medication use. The patient notes that, while there was no pain relief, he feels more relaxed and the provider notes improved mood. However, the records also note that the patient received a refill of the medication on the same day as the current request and there is no clear indication for an additional prescription prior to evaluation for efficacy of the prior refill, especially given the limited response to prior use thus far. In the absence of clarity regarding those issues, the currently requested duloxetine (Cymbalta) is not medically necessary.