

Case Number:	CM15-0119964		
Date Assigned:	06/30/2015	Date of Injury:	01/15/2007
Decision Date:	09/21/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/22/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 55-year-old male sustained an industrial injury on 1/15/07. He subsequently reported back pain. Diagnoses include lumbar disc displacement without myelopathy, lumbago and thoracic or lumbosacral neuritis or radiculitis. Treatments to date include prescription pain medications. The injured worker continues to experience low back pain. Upon examination, there is reduced range of motion in the lumbar spine. Straight leg raising test is positive. A request for Norco, Neurontin, Cymbalta, Movantik and Docusate medications was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Short-acting opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 1/15/07. The medical records provided indicate the diagnosis of lumbar disc displacement without myelopathy, lumbago and thoracic or lumbosacral neuritis or radiculitis. Treatments to date include prescription pain medications. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg #90. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. Although the medical records indicate the injured worker has improved pain and function with the use of the medication; he has been using less amount of the medication in a day, and he has less need for other medications, with the use of this medication; he has stomach upset with Motrin, an NSAID, the record shows his urine test was positive for THC, a derivative of marijuana. The presence of marijuana derivative suggests aberrant behavior; therefore, the requested treatment is not medically necessary.

Neurontin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin), Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: The injured worker sustained a work related injury on 1/15/07. The medical records provided indicate the diagnosis of lumbar disc displacement without myelopathy, lumbago and thoracic or lumbosacral neuritis or radiculitis. Treatments to date include prescription pain medications. The medical records provided for review do not indicate a medical necessity for Neurontin 600mg #90. The MTUS recommends the use of the antiepileptic drugs for the treatment of neuropathic pain. The guidelines recommends that continued use be based on evidence of 30 % reduction in pain, otherwise switch to a different first line agent, or combine with another first line agent. The disease conditions where the antiepileptic drugs have been found useful include: Spinal cord injury Complex Regional Pain Syndrome, Fibromyalgia, Lumbar spinal stenosis, Post Op pain. Painful polyneuropathy: Post herpetic neuralgia. Although the medical records indicate the injured worker has an improvement in his pain from this medication, it does not indicate there is at least 30% pain reduction, as is recommended by the MTUS. Therefore, the request is not medically necessary.

Cymbalta 30mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta. Decision based on Non-MTUS Citation U. S. Food and Drug Administration (FDA).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain; Duloxetine (Cymbalta) Page(s): 13; 43.

Decision rationale: The injured worker sustained a work related injury on 1/15/07. The medical records provided indicate the diagnosis of lumbar disc displacement without myelopathy, lumbago and thoracic or lumbosacral neuritis or radiculitis. Treatments to date include prescription pain medications. The medical records provided for review do indicate a medical necessity for Cymbalta 30mg #30. Generally, the antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA approval for treatment of depression, generalized anxiety disorder; The MTUS recommends it an option in first-line treatment option in neuropathic pain and for the treatment of pain related to diabetic neuropathy, with effect found to be significant. The Medical records indicate this is an initial treatment with this medication; therefore there is no record of outcome with previous usage. This request is medically necessary.

Movantik 25mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids. Decision based on Non-MTUS Citation National Institutes of Health.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Medscape, Naloxegol Reduces Opioid-Induced Constipation, <http://www.medscape.com/viewarticle/826267> <https://www.movantikhcp.com/>.

Decision rationale: The injured worker sustained a work related injury on 1/15/07. The medical records provided indicate the diagnosis of lumbar disc displacement without myelopathy, lumbago and thoracic or lumbosacral neuritis or radiculitis. Treatments to date include prescription pain medications. The medical records provided for review do not indicate a medical necessity for Movantik 25mg #30. The MTUS recommends prophylactic treatment of constipation in individuals on treatment with Opioids. Medscape describes Movantik (Naloxegol) as an oral peripheral opioid receptor antagonist, associated with significantly increased bowel movements compared with placebo in patients with opioid-induced constipation, without reducing opioid mediated analgesia. It has been found useful in individuals not responding well to laxatives. This medication is not medically necessary because the Opioid has been determined not to be medically necessary.

Docusate #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioid-induced constipation treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: The injured worker sustained a work related injury on 1/15/07. The medical records provided indicate the diagnosis of lumbar disc displacement without myelopathy, lumbago and thoracic or lumbosacral neuritis or radiculitis. Treatments to date include prescription pain medications. The medical records provided for review do not indicate a medical necessity for Docusate #60. The MTUS recommends prophylactic treatment of constipation in individuals on treatment with Opioids. Docusate is a stool softener laxative used to treat or prevent constipation, and to reduce pain or rectal damage caused by hard stools or by straining during bowel movements. It is not medically necessary because the Opioid medication has been determined not to be medically necessary.