

Case Number:	CM15-0129302		
Date Assigned:	07/15/2015	Date of Injury:	03/05/2002
Decision Date:	08/13/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/02/2015

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, New York, California
 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:

The applicant is a represented 57-year-old who has filed a claim for chronic low back pain and left lower extremity pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of March 5, 2002. In a Utilization Review report dated June 8, 2015, the claims administrator partially approved requests for Cymbalta (duloxetine) and Nucynta. The claims administrator referenced a May 5, 2015 RFA form and associated progress note of April 7, 2015 in its determination. The applicant's attorney subsequently appealed. In an undated applicant questionnaire attached to a December 5, 2014 progress note, the applicant acknowledged that he was not working. On December 5, 2015, the applicant reported 2/10 low back pain radiating to the left lower extremity. The applicant was on Nucynta, Cymbalta, and Lyrica, it was reported. 5/10 pain without medications versus 2/10 with medications was reported in another section of the note. The attending provider stated that the applicant's medications were generating some improvement in function, including stretching exercises. This was not quantified, however. The applicant had undergone a spinal cord stimulator implantation, it was reported. Cymbalta, Lyrica, and Nucynta were endorsed. The applicant's permanent work restrictions were renewed. On February 3, 2015, the applicant reported ongoing complaints of low back pain radiating to the left leg. The applicant stated that he would be bedridden without his spinal cord stimulator. The applicant was on Nucynta, Cymbalta, and Lyrica, it was reported. Multiple medications and permanent work restrictions were, once again, seemingly renewed, without much discussion of medication efficacy. On April 7, 2015, the applicant again reported 2/10 pain with medications and 5/10 without medications. The applicant was using Nucynta,

Cymbalta, and Lyrica, in addition to the spinal cord stimulator. The attending provider again stated that the applicant's ability to perform stretching exercises had been ameliorated as a result of ongoing medication consumption. This was not elaborated upon. Specifically diminished lumbar range of motion was noted. The applicant exhibited a visibly antalgic gait and was unable to walk on his heels or toes in the clinic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine 30mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta); Functional Restoration Approach to Chronic Pain Management Page(s): 15; 7.

Decision rationale: No, the request for duloxetine (Cymbalta), an antidepressant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. It appeared, based on attending provider's documentation, that Cymbalta was being employed for ongoing issues with lumbar radicular pain. While page 15 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that duloxetine (Cymbalta) is used off label for radiculopathy, as was/is present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, the applicant's permanent work restrictions were renewed, unchanged, from visit to visit, despite ongoing usage of Cymbalta. Ongoing usage of Cymbalta failed to curtail the applicant's dependence on opioids agents such as Nucynta. The applicant was apparently experiencing difficulty-performing activities of daily living as basic as standing and walking, it was reported on an April 7, 2015 progress note. The applicant was not working, it was acknowledged on applicant's questionnaire of December 15, 2014. All of foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 97972.20e, despite ongoing use of Cymbalta (duloxetine). Therefore, the request was not medically necessary.

Nucynta ER 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for Nucynta extended release, a long-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on

page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant acknowledged that he was not working on a questionnaire attached to a December 5, 2014 progress note. While the attending provider did recount some reported reduction in pain scores effected as a result of ongoing medication consumption at various points in time, including on April 7, 2015, these reports were, however, outweighed by the applicant's failure to return to work, and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Nucynta usage. The attending provider commentary to the effect that the applicant's ability to stretch has been ameliorated as a result of ongoing medication consumption did not constitute evidence of a substantive improvement in function effected as a result of ongoing Nucynta usage. Therefore, the request was not medically necessary.