

Case Number:	CM15-0129819		
Date Assigned:	07/16/2015	Date of Injury:	04/08/1999
Decision Date:	08/25/2015	UR Denial Date:	07/03/2015
Priority:	Standard	Application Received:	07/06/2015

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: Emergency 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 injured worker is a 54 year old, male who sustained a work related injury on 4/8/99. The diagnoses have included status post lumbar surgeries x 2 and lumbar spine degenerative disc disease. Treatments have included low back surgery, medications, physical therapy, home exercises, TENS unit therapy, lumbar epidural steroid injections and lumbar facet block. In the PR-2 dated 6/18/15, the injured worker complains of constant, sharp and stabbing low back pain radiating to the left posterior thigh and right buttock. Manual muscle strength test is 5/5 bilaterally. Patrick test was positive at bilateral sacroiliac joints and negative at hips. He was able to tiptoe and heel walk but they increased his back pain. Lumbar spine range of motion is decreased due to pain. He has a positive straight left leg raise. He has tenderness to palpation of lower lumbar paraspinal muscles, bilateral lumbar facet joints and sacroiliac joints. He was frustrated with pain and depressed with poor sleep. He is not working. The treatment plan includes prescriptions for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

MSIR 15mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per CA MTUS guidelines, MSIR (Morphine Sulfate Immediate Release) is an opioid medication. "Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components." "Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another." "A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (≤70 days)." Long-term use of opioids are not recommended. It is noted that the injured worker has been on MSIR, Methadone and Norco in the past. In the notes provided, there are no pain levels and functional capabilities documented. In the current visit note, he had used medical marijuana and was taking Norco. The Norco was to be discontinued and he was going to stop using the marijuana. He is not working. Since there is insufficient documentation of his response to pain medications with pain levels and functional capabilities and he has been taking opioid medications long-term, this request for MSIR is not medically necessary.

Trazodone: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Sedative Hypnotics.

Decision rationale: Per ODG, Trazodone is a sedative hypnotic. It is not recommended for long-term use but is recommended for short-term use. It is discouraged in the chronic phase of injury and pain. "They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this study, receiving hypnotic prescriptions was associated with greater than a threefold increased hazard of death even when prescribed less than 18 pills/year." This medication was ordered for his sleeping problems. He has been taking this medication for at least 3 months. Since he has been taking this medication for an extended period of time and still has sleeping issues, the requested treatment of Trazodone is not medically necessary.

Cymbalta 60mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cymbalta, Duloxetine Page(s): 42, 43-44.

Decision rationale: Per CA MTUS guidelines, Cymbalta is the brand name for duloxetine. Duloxetine is an antidepressant in the class called Selective serotonin and norepinephrine reuptake inhibitors (SNRIs). Recommended as an option in first-line treatment option in neuropathic pain. "It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, with effect found to be significant by the end of week 1 (effect measured as a 30% reduction in baseline pain)." "The FDA notes that although duloxetine was effective for reducing pain in patients with and without major depressive disorder." The current progress note states he is depressed. It does not describe any detailed information about his depression. There is insufficient documentation on whether the Cymbalta is improving his depression or helping to decrease his pain. The requested treatment of Cymbalta is not medically necessary.