

Case Number:	CM15-0170097		
Date Assigned:	10/02/2015	Date of Injury:	07/23/2012
Decision Date:	11/09/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/28/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 31 year old male, who sustained an industrial injury on 07-23-2012. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for asthma, chronic low back pain, sacral spinal cord injury, left femoral acetabular impingement, urinary bladder spasms and incontinence, and depression. Medical records (01-26-2015 to 07-21-2015) indicate ongoing left hip pain. Pain levels were 3-4 out of 10 on a visual analog scale (VAS) which was decreased from previous pain levels rated 5 out of 10 on 01-26-2015. Activity levels and level of functioning were not discussed in these reports. Per the treating physician's progress report (PR), the IW was able to return to work with restrictions. The physical exam, dated 07-21-2015, revealed unable to touch floor, abnormal heel and toe walk with difficulty on the left, slightly decreased strength throughout the left lower extremity, decreased sensation in the left medial thigh, lower extremity and foot, and 3 out of 5 EHL (extensor hallucis longus). Relevant treatments have included physical therapy (PT), psychological treatments, work restrictions, and medications. Current medications consist of ibuprofen (since at least 01-2015), Flexeril, Ambien, Cymbalta (since at least 01-2015), Percocet, Proventil, and Toviaz. The request for authorization (07-21-2015) shows that the following medications were requested: duloxetine (Cymbalta) 60mg #30 with 2 refills, and ibuprofen 600mg #30 with 2 refills. The original utilization review (08-04-2015) partially approved the requests for Duloxetine 60mg #30 with 2 refills (modified to 1 refill only), and ibuprofen 600mg #30 with 2 refills (modified to 1 refill only).

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine 60 mg, thirty count with two refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duloxetine (Cymbalta).

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of depression. The California MTUS also states it is indicated as a first lien treatment for neuropathic pain. The patient has documented neuropathic pain and depression. There are no documented contraindications to the medication. Therefore, the request is medically necessary.

Ibuprofen 600 mg, thirty count with two refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The California chronic pain medical treatment guidelines section on NSAID therapy states: Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxen being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. (Roelofs-Cochrane, 2008) See also Anti-inflammatory medications. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but

they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. This medication is recommended for the shortest period of time and at the lowest dose possible. The dosing of this medication is within the California MTUS guideline recommendations. The definition of shortest period possible is not clearly defined in the California MTUS. Therefore, the request is medically necessary.