

Case Number:	CM15-0170414		
Date Assigned:	09/10/2015	Date of Injury:	10/04/2003
Decision Date:	10/27/2015	UR Denial Date:	08/19/2015
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: 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 injured worker is a 42 year old male, who sustained an industrial injury on 10-4-03. The injured worker was diagnosed as having chronic pain syndrome, lumbar degenerative disc disease, status post L4 through S1 lumbar fusion, radiculopathy and depression and anxiety. Treatment to date has included lumbar epidural steroid injection, lumbar fusion, oral medications including MS Contin 15, Lyrica 200mg, Valium 10mg, Cymbalta 30mg and Oxycodone 20, physical therapy and activity modifications. Currently on 8-12-15, the injured worker complains of back pain, leg pain and buttock pain. He rates the pain 5 out of 10 and notes it has been getting worse for 5 years; which is unchanged from previous visit. He noted a significant improvement in pain following epidural steroid injection the previous week. He also notes significant side effects with the addition of MS Contin. Work status is unclear. Physical exam performed on 8-12-15 revealed normal vital signs, which is unchanged from previous visit. The treatment plan included discontinuation of Oxycodone 20IR (switching to Oxycodone 15 IR), discontinuation of MS Contin (switching to Oxycontin 30mg), continuation of Valium 10mg, increasing Cymbalta to 30mg and follow up appointment. On 8-19-15 utilization review non-certified Oxycontin 30mg #60 noting lack of clear documentation of recent urine drug test, assessment profile or an attempt at weaning; non-certified Oxycodone 15 IR noting lack of clear documentation of recent urine drug test, assessment profile or an attempt at weaning; non-certification of Valium 10mg #50 noting lack of clear medical indication and time limited treatment plan for the continued use of this medication and the request for Cymbalta was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg #60: 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): Medications for chronic pain.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. In this case, it appears that Oxycontin 30 was substituted for MS Contin due to unwanted side effects. This is in accordance with the MTUS, but further authorizations will require the above mentioned record of pain control and functional improvement. I am reversing the previous UR decision. Oxycontin 30mg #60 is medically necessary.

Oxycodone 15mg IR #180: 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): Medications for chronic pain.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change; however, the record shows that the dose of medication has been reduced. This may be seen as an attempt to wean the patient down from his current high doses of narcotic. I am reversing the previous UR decision. Oxycodone 15mg IR #180 is medically necessary.

Valium 10mg #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Benzodiazepines.

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

Decision rationale: The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Valium 10mg #40 is not medically necessary.

Cymbalta 30mg #60: Overturned

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: Cymbalta.

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

Decision rationale: Evidence based guidelines necessitate documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Cymbalta use to date. This physical examination was positive for evidence of neuropathic pain and the patient carries a diagnosis of depression. The previous reviewer certified this request originally. Cymbalta 30mg #60 is medically necessary.