MAXIMUS Federal Services

Case Number:	CM15-0171414		
Date Assigned:	09/11/2015	Date of Injury:	10/29/2009
Decision Date:	10/09/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/31/2015

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: Arizona, California
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 (IW) is a 67-year-old female who sustained an industrial injury on 10/29/2009. The injured worker was diagnosed as having Postlaminectomy Syndrome Lumbar Region, and Opioid dependence. Treatment to date has included Medications and diagnostic tests. The worker relates that she was hospitalized 05-24-2015 to 05-30-2015 due to abdominal pain and anemia. A bladder suspension mesh was removed and she is stable. On the visit of 07-01-2015, the injured worker complained of ongoing pain in the head and neck extending to the right shoulder, right arm, right hand and mid back. The pain is not rated on a numeric scale. Her pain is relieved with medication and lying down. She reports occasional constipation. She is alert and oriented x4 with appropriate mood, pleasant affect and no somnolence. She has an antalgic gate but ambulates without assistive devices. On examination, the lumbar spine range of motion in forward flexion is 30 degrees, extension is 10 degrees. Side bending on the right is 10 degrees, and on the left is 15 degrees. There is no asymmetry or scoliosis. Loss of lumbar lordosis is mild. She has tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasms. There is no gluteal and no piriformas spasm bilaterally. There is sciatic notch tenderness, no spinous process tenderness along the lumbar spine, and there is positive facet loading maneuver bilaterally. Examination of the hip reveals point tenderness to palpation over the greater trochanter on the left consistent with trochanteric bursitis. Motor strength is 5 of 5 and symmetric bilaterally in the lower extremities. There is diminished sensation in the left L5 and S1 dermatomes in the lower extremities. The plan is for a review of previous medical records including liver function panel if done, and renewal of her current medications. A request

for authorization (07-27-2015) was submitted for: 1. Cymbalta 60mg by mouth twice a day quantity 60. 2. Lyrica 75mg by mouth three times a day quantity 90. 3. Diclofenac extended release 100mg by mouth twice a day quantity 60. 4. Omeprazole 20mg by mouth twice a day quantity 60. 5. Kadian (Morphine sulfate) 10mg by mouth twice a day quantity 60. 6. Tramadol extended release 150mg quantity 30. 7. Docuprene 100mg by mouth twice a day as needed quantity 60. A utilization review decision (08-03-2015) 1. Certified Cymbalta 60mg quantity #30 for weaning and non-certified the remaining Cymbalta 60mg quantity #30. 2. Certified Lyrica 75mg quantity #90. 3. Certified Diclofenac extended release 100mg quantity #30, and Non-certified Diclofenac extended release 100mg quantity #30. 4. Certified Omeprazole 20mg quantity #60. 5. Certified Kadian (Morphine sulfate) 10mg quantity #45 (weaning) and non-certified Kadian 10 mg #15. 6. Certified Tramadol extended release 150 mg #30. 7. Certified Docuprene 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg by mouth twice a day quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: Cymbalta is an SNRI antidepressant. Antidepressants are an option, but there are no specific medications that have been proven in high quality studies to be efficacious for treatment of lumbosacral radiculopathy. SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition. The claimant had been on Cymbalta for an unknown length of time. Any evidence does not support the continued use. There is no mention of depression and the Cymbalta is not medically necessary.

Diclofenac extended release 100mg by mouth twice a day quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Diclofenac for unknown length of time. Pain scores were not noted. The claimant was on Morphine and Tramadol as well. Combined use of multiple

analgesics is not indicated. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Diclofenac is not medically necessary.

Kadian (Morphine sulfate) 10mg by mouth twice a day quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Kadian is not indicated for mechanical or compressive etiologies. In this case, the claimant was on Tramadol, Diclofenac and Kadian. There was no justification for multiple opioids and an NSAID. Pain score reduction or prior length of use is unknown. The Kadian use is not justified and not medically necessary.