

Case Number:	CM15-0176972		
Date Assigned:	09/17/2015	Date of Injury:	04/09/2012
Decision Date:	11/20/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/08/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 62 year old male who sustained an industrial injury on 04-09-2012. Medical records indicated the worker was treated for injury to the head and neck. Diagnoses (08-06-2015) include status post head injury with post-concussive syndrome-stable; post concussive headaches and dizziness-stable; cervical strain-sprain and myofascial pain -chronic-stable; Status post cervical spine surgery with residual right radiculopathy-stable; right shoulder strain-sprain status post arthroscopic surgery -stable; Status post fall due to dizziness with fracture of left tibia-healed; Chronic pain syndrome-worse; Comorbidities of status post lumbar spine surgery with chronic low back pain. In the provider notes of 08-06-2015, the injured worker complains of pain in the head and neck that is described as shooting, radiating, and deep that he rates with a severity of 7-9 on a scale of 0-10. The pain is better when lying down, or using ice and heat, and is worse with activity. His current pain is an 8, his least reported pain since his last assessment is a 7 and the intensity of the pain 30 minutes after taking opioid pain medication is a 7 on a scale of 0-10. He also complains of numbness, headaches, and dizziness and has joint pain. He complains of depression, anxiety, stress, and an inability to sleep. Current medications include Lyrica, Norco (since at least 04-14-2015, Flexeril, Escitalopram, Lorazepam, and Prilosec. Past medications included Cymbalta, which is noted as "helpful in the past". A request for authorization was submitted for Cymbalta 30mg #30 1 tab po every day, and Norco 10/325mg #150 1 tab po 6-8 hours prn. A utilization review decision 08-21-2015 non-approved both requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #30 1 tab po everyday: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: Per MTUS CPMTG with regard to the use of antidepressants for chronic pain: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006). Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment." Per the documentation submitted for review, the injured worker suffers from chronic neuropathic pain with radiculopathy. I respectfully disagree with the UR physician who provided no rationale for denial. The request is medically necessary.

Norco 10/325mg #150 1 tab po 6-8 hours prn: Upheld

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): Opioids, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs."Review of the available medical records reveals no documentation to support the medical necessity of Norco or any documentation addressing the '4 A's' domains, which is a recommended practice for the ongoing management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. It was noted that recent CURES report was reviewed and that the injured worker had signed medication agreement. As MTUS recommends discontinuing opioids if there is no overall improvement in function, the request is not medically necessary.