MAXIMUS Federal Services

Case Number:	CM15-0177222		
Date Assigned:	09/17/2015	Date of Injury:	05/31/2008
Decision Date:	10/27/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/09/2015

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, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64-year-old male, who sustained an industrial injury on 5-31-2008. The medical records indicate that the injured worker is undergoing treatment for cervicobrachial syndrome, spondylolisthesis, rotator cuff sprain-strain, thoracic or lumbosacral neuritis or radiculitis, acquired spondylolisthesis, and status post lumbar fusion. According to the progress report dated 8-20-2015, the injured worker complains of lumbar spine pain. The level of pain is not rated. The physical examination of the lumbar spine reveals pain in sacroiliac joints bilaterally, continued muscle spasms, and slightly increased mobility. The medications prescribed are Cymbalta, Fexmid, and Norco. There is documentation of ongoing treatment with Cymbalta, Fexmid, and Norco since at least 3-31-2015. Treatment to date has included medication management, physical therapy, lumbar epidural steroid injection, and surgical intervention. Work status is described as temporary total disability. The original utilization review (9-1-2015) partially approved a request for Cymbalta #60 without refills (original request was for #60 with 5 refills) and Norco #40 without refills (original request was for #60 with 5 refills). The request for Fexmid was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg, #60 with 5 refills: 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): Duloxetine (Cymbalta).

Decision rationale: The latest attending physician report dated 8/2/15 indicates the patient is still having low back pain and muscle spasms. The current request for consideration is Cymbalta 30mg, #60 5 refills. The attending physician does not discuss the reason for the request in his 8/2/15 attending physician report. The CA MTUS does recommend Duloxetine (Cymbalta) as an option in first-line treatment option in neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). 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). In this case, the records indicate the patient is having low back pain and muscle spasms. Cymbalta is not recommended for lumbar pain and spasms. The available medical records are not medically necessary for the request of Cymbalta.

Norco 7.5/325mg, #60 with 5 refills: 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: The latest attending physician report dated 8/2/15 indicates the patient is still having low back pain and muscle spasms. The current request for consideration is Norco 7.5/325mg, #60 5 refills. The attending physician recommends Norco for pain relief. As per MTUS guidelines, the criteria for use of opioids in the management of chronic pain include prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy; ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and 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. In this case, there is no documentation of the 4 A's. There is no documentation of improved functional ability or return to work. The MTUS requires much more thorough documentation for continued opioid usage. The available medical records are not medically necessary for Norco.

Fexmid 7.5mg, #60 with 5 refills: 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): Muscle relaxants (for pain).

Decision rationale: The latest attending physician report dated 8/2/15 indicates the patient is still having low back pain and muscle spasms. The current request for consideration is Flexmid 7.5mg, #60 with 5 refills. The CA MTUS has this to say about Muscle Relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The MTUS further indicates that Cyclobenzaprine (Fexmid) is recommended for a duration of not greater than 3 weeks. In this case, the patient complains of ongoing back pain. The attending physician does indicate back spasms. The records do not indicate the patient has suffered an acute exacerbation of his condition, but rather is dealing with ongoing chronic pain, which is not improving with time and conservative measures. The MTUS clearly indicates that muscle relaxants are for short-term treatment of acute exacerbations, and prolonged use of these medications may lead to dependence. The records made available for review offer no information to support long-term use of Fexmid and previous UR have recommended modification for the purpose of weaning. The current request is not medically necessary.