MAXIMUS Federal Services

Case Number:	CM15-0070513		
Date Assigned:	04/29/2015	Date of Injury:	08/31/1999
Decision Date:	05/28/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/14/2015

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: New Jersey
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 59 year old male, who sustained an industrial injury on August 31, 1999. The injured worker was diagnosed as having lumbago, chronic back pain, lumbar compression fracture, right sciatic pain with possible sacroiliac joint syndrome, depression, anxiety and pain related insomnia. Treatment and diagnostic studies to date have included ankle fusion and medication. A progress note dated February 17, 2015 the injured worker complains of back pain. He reports new thoracic pain possibly related to coughing. Trials of muscle relaxants have failed. Physical exam notes lumbar tenderness and decreased range of motion (ROM), pain and guarding of hips on flexion and limited motor testing of right ankle. He ambulates with use of a cane. The plan includes continuing medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10 MG #120 with 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use, and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, there was record of having taken Valium for muscle spasm on a chronic basis for many months leading up to this request, which is not a recommended use of this medication. There was no evidence found in the documentation to suggest this case was an exception to this general recommendation. Therefore, Valium will be considered medically unnecessary to continue.

Cymbalta DR 60 MG #60 with 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain and Cymbalta Page(s): 13-16, 43.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that antidepressants used for chronic pain may be used as a first line option for neuropathic pain and possibly for non-neuropathic pain. Tricyclics are generally considered first-line within the antidepressant choices, unless they are not effective, poorly tolerated, or contraindicated. For patients >40 years old, a screening ECG is recommended prior to initiation of therapy, as tricyclics are contraindicated in patients with cardiac conduction disturbances/decompensation. A trial of 1 week of any type of anti-depressant should be long enough to determine efficacy for analgesia and 4 weeks for antidepressant effects. Documentation of functional and pain outcomes is required for continuation as well as an assessment of sleep quality and duration, psychological health, and side effects. It has been suggested that if pain has been in remission for 3-6 months while taking an anti-depressant, a gradual tapering may be attempted. Duloxetine, a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI), specifically is recommended by the MTUS as a first-line treatment option for neuropathic pain. It is not to be used by those with hepatic insufficiency or substantial alcohol use. It may be used for the treatment of depression, anxiety, fibromyalgia, and neuropathic pain. In the case of this worker, it was reported in the documentation that the Cymbalta significantly reduced depression, but only slightly reduced pain. However, it led to an overall improvement in function. However, the dose of 60 mg twice daily is only proven to be helpful and warranted in fibromyalgia, and as the reported pain reducing effect was only slight anyway, the higher frequency of use (twice daily) is not medically necessary.

Norco 10/325 MG #180 with 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was an incomplete documentation of this required review regarding the Norco use, which had been used chronically leading up to this request for renewal. Although a vague and nonspecific report of the collective medications together leading to a reduction in pain by 50%. There was no separation of reports regarding home much pain reduction or functional gains were related to the regular Norco use. Therefore, without more specific reporting of benefit of Norco, independent of the other medications taken, the request for Norco will be considered medically unnecessary. Also, the request for refills is also unnecessary.