

Case Number:	CM15-0070932		
Date Assigned:	04/20/2015	Date of Injury:	04/08/2010
Decision Date:	05/20/2015	UR Denial Date:	03/26/2015
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: Texas, 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:

This is a 62-year-old female patient who sustained an industrial injury on 4/8/10. The diagnoses include stable degenerative spondylolisthesis, mild degenerative disc disease and bilateral sacroiliac joint dysfunction. Per the doctor's note dated 3/19/15, she had fairly stable symptoms. She had still significant functional impairment. Physical examination revealed normal gait, negative straight leg raising test and limited lumbar extension. Per the doctor's note dated 3/12/15, she had complains of pain in the lower back, buttock and lower extremities. The medications list includes fentanyl patch and cymbalta. She has had sacroiliac joint injections, epidurals, and oral pain medication. She has had urine drug screen on 3/16/2015 with consistent findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patch 25mcg, #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page 76-80 - Fentanyl page 47.

Decision rationale: Fentanyl Patch 25mcg, #10. According to MTUS guidelines Fentanyl "is an opioid analgesic with potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl." According to MTUS guidelines Fentanyl is "not recommended as a first-line therapy. The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means." In addition, according to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Fentanyl Patch 25mcg, #10 is not medically necessary for this patient.

Cymbalta 20mg, #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs): Duloxetine (Cymbalta), page 15.

Decision rationale: Cymbalta 20mg, #60. Cymbalta contains duloxetine which is Selective serotonin and norepinephrine reuptake inhibitors (SNRIs). Per the Chronic Pain Medical Treatment Guidelines MTUS, duloxetine is "FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia, used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy." Per the records provided patient had chronic pain with radiculopathy symptoms. SNRIs like cymbalta are a first line option for patients with chronic pain with radiculopathy. The request for Cymbalta 20mg, #60 is medically appropriate and necessary for this patient.

