

Case Number:	CM15-0092692		
Date Assigned:	06/22/2015	Date of Injury:	09/09/2006
Decision Date:	08/17/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/13/2015

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 York
 Certification(s)/Specialty: Internal Medicine

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 39 year old, male who sustained a work related injury on 9/9/06. He and his coworkers were carrying a large, heavy cabinet. He was walking backwards when he suddenly fell back. Coworkers let go of cabinet and he fell on his buttocks with the cabinet on top of him. He felt strong lumbar pain with tingling and a hot sensation. The diagnoses have included lumbar sprain/strain, lumbar disc displacement without myelopathy and lumbosacral radiculopathy. Treatments have included oral medications, medicated gel, TENS unit therapy, pain patches, and physical therapy. In the PR-2 dated 3/25/15, the injured worker complains of lumbar pain. He has decreased range of motion in lumbar spine. The treatment plan includes refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30 mg #60 with 5 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, SNRIs Page(s): 13, 15-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cymbalta: Antidepressants for chronic pain.

Decision rationale: According to the California MTUS Guidelines, antidepressants are indicated for the treatment of chronic pain. They are recommended as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. The documentation indicates the patient has neuropathic pain with dysesthesias in the same distribution as the pain and weakness in the right upper extremity. The documentation indicates that the claimant has both neuropathic pain and depression. The use of Cymbalta in his medical regimen has proven beneficial. Medical necessity for the requested medication has been established. The requested medication is medically necessary.

Norflex 100 mg #60 with 5 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Muscle Relaxants: Norflex.

Decision rationale: According to the ODG, Norflex (Orphenadrine) is a muscle relaxant similar to diphenhydramine, but has greater anti-cholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. According to CA MTUS guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory drugs (NSAIDs) alone, and are not recommended for the long-term use of chronic pain. Based on the currently available information, the medical necessity for this muscle relaxant has not been established. The requested medication is not medically necessary.

Voltaren 100 mg #60 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), PPI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

Decision rationale: According to California MTUS Guidelines, oral NSAIDs, such as Diclofenac, are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. ODG states that NSAIDs are recommended for acute pain, acute low back pain (LBP), and short-term pain relief in chronic LBP. There is no evidence of long-term effectiveness for pain or function. According to ODG, there is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain, but they may be

useful to treat breakthrough pain in this condition. Physicians should measure transaminases periodically in patients receiving long-term therapy with Diclofenac. In this case, there is no documentation of functional benefit in the past. Medical necessity for the requested medication has not been established. The requested item is not medically necessary.

Prilosec 20 mg #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs Page(s): 68.

Decision rationale: According to CA MTUS (2009), proton pump inhibitors, such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation of any reported GI complaints. In addition, the requested NSAID, Voltaren is not considered medically necessary. Based on the available information provided for review, the medical necessity for Prilosec has not been established. The requested medication is not medically necessary.