

Case Number:	CM15-0099898		
Date Assigned:	06/02/2015	Date of Injury:	02/14/2014
Decision Date:	06/30/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/26/2015

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 52 year old female who sustained an industrial injury on 02/14/2014. Diagnoses include sciatica, sprain of ligament of lumbosacral joint and multilevel disc disease, back strain and muscle spasm. Treatment to date has included medications, physical therapy, and medial branch blocks. Her medications include Cyclobenzaprine, Cymbalta, Hydrocodone 5/325, and Tramadol. She remains temporarily totally disabled. A physician progress note dated 04/17/2015 documents the injured worker complains of lower back pain. On 01/07/2015 she received an epidural steroid injection which she reported a 100% resolution of pain for 4 weeks. She received another epidural steroid injecting on 04/16/2015. Treatment requested is for Cymbalta 20 mg #30, Ibuprofen 800 mg #40 and Tramadol 37.5/325 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 mg #40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-71.

Decision rationale: The injured worker sustained a work related injury on 02/14/2014. The medical records provided indicate the diagnosis of sciatica, sprain of ligament of lumbosacral joint and multilevel disc disease, back strain and muscle spasm. Treatment to date has included medications, physical therapy, and medial branch blocks. The medical records provided for review do not indicate a medical necessity for Ibuprofen 800 mg #40. Ibuprofen is a NSAID. The MTUS recommends the use of the lowest dose for the shortest period in patients with moderate to severe pain. The MTUS states that doses of Ibuprofen greater than 400 mg have not provided greater relief of pain.

Tramadol 37.5/325 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 02/14/2014. The medical records provided indicate the diagnosis of sciatica, sprain of ligament of lumbosacral joint and multilevel disc disease, back strain and muscle spasm. Treatment to date has included medications, physical therapy, and medial branch blocks. The medical records provided for review do not indicate a medical necessity for Tramadol 37.5/325 mg #30. Tramadol 37.5/325mg is a combination of Tramadol (a synthetic opioid) and acetaminophen/(Tylenol). The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate this medication was discontinued on 05/8/2015 for lack of benefit.

Cymbalta 20 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43.

Decision rationale: The injured worker sustained a work related injury on 02/14/2014. The medical records provided indicate the diagnosis of sciatica, sprain of ligament of lumbosacral joint and multilevel disc disease, back strain and muscle spasm. Treatment to date has included medications, physical therapy, and medial branch blocks. The medical records provided for review do not indicate a medical necessity for Cymbalta 20 mg #30. Cymbalta is

norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs) recommended as a first line treatment for neuropathic pain. The records indicate the injured worker was started on this medication in 04/2015, but when the injured worker returned for follow up the neuropathic pain was noted to have worsened.