

Case Number:	CM14-0102868		
Date Assigned:	07/30/2014	Date of Injury:	08/01/2001
Decision Date:	09/30/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/03/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52-year-old female who has submitted a claim for lumbar radiculopathy, post-lumbar laminectomy pain, associated with an industrial injury date of August 01, 2001. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 05/05/2014, showed increased low back pain radiating down to bilateral lower extremities. The pain was rated 5/10. Physical examination revealed a restricted range of motion for the lower lumbar spine. Sensation was slightly decreased to pinprick in both lower extremities. Muscle strength was intact in both lower extremities. Reflexes to both lower extremities were symmetrical. Tenderness was elicited at lower lumbar spine and bilateral sacral area. Straight leg raising test was negative for both lower extremities. Treatment to date has included laminectomy, spinal cord stimulator, epidural steroid injection, physical therapy, and medications such as Norco and Cymbalta since November 2013. Utilization review from 06/23/2014 denied the request for the purchase of Norco 10/325mg 1 tab PO and Cymbalta 60mg 1 tab PO QHS with reason not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 Qty Unspecified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009: OPIOIDS, CRITERIA FOR USE Page(s): 78-80.

Decision rationale: As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, on-going management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guideline also states that opioid intake may be continued when the patient has returned to work and has improved functioning and pain. In this case, patient has been on Norco as early as November 2013. The recent progress report cited that pain control was managed with the current medications and denies any medication side effects. However, there was no documentation of functional improvement directly attributed with its use. Furthermore, there was no documentation of urine drug screen that would monitor the patient's compliance to the prescribed medication. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Moreover, the prescribed quantity of medication was not specified. The request is incomplete. Therefore, the request for Norco 10/325mg is not medically necessary.

Cymbalta 60mg Qty Unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant Page(s): 44-127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009: Duloxetine (Cymbalta) Page(s): 15-16.

Decision rationale: Page 15-16 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is used off-label for neuropathic pain and radiculopathy. In this case, patient was a diagnosed case of lumbar radiculopathy. She has been taking Cymbalta as early as November 2013. The recent progress report cited that pain control was managed with the current medications. However, there was no documented evidence of functional gains directly attributed to its use. The medical necessity has not been established. There was no compelling rationale for continued use of this medication. Moreover, the prescribed quantity of medication was not specified. The request is incomplete. Therefore, the request for Cymbalta 60 mg is not medically necessary.