

Case Number:	CM14-0140239		
Date Assigned:	09/10/2014	Date of Injury:	10/01/2012
Decision Date:	10/06/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/29/2014

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 Occupational 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:

This patient is a 52 year old male who has developed chronic low back pain subsequent to an injury dated 10/1/12. He has been diagnosed with an associated radiculitis with neuropathic pain radiating into both legs. Magnetic Resonance Imaging (MRI) studies have shown moderate to severe spondylitic changes with foraminal stenosis. Treatments have included epidural injections and physical therapy. The prescribing physician notes that the new medications (Cymbalta and Trazadone) have allowed this patient to discontinue Opioids. The records also document that Non-Steroidal Anti-Inflammatory Drugs (NSAID)'s have been previously discontinued due to lack of benefits. It documented that a Transcutaneous Electrical Nerve Stimulation (TENS) was helpful, but no other details are forthcoming in the medical records reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg, #30 with 5 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for pain Page(s): 13-15.

Decision rationale: MTUS Guidelines supports a trial and potential use of Cymbalta for neuropathic pain which this patient has. It is documented that the combination of Cymbalta and Trazodone has allowed the patient to discontinue Opioids. The continued use of Cymbalta is consistent with Guidelines and is medically necessary.

Trazodone 50mg, #30 with 5 refills: Overturned

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 Anti-depressants for chronic pain Page(s): 13-15.

Decision rationale: MTUS Guidelines supports the use of Selective Serotonin Reuptake Inhibitors (SSRIs)'s for certain types of chronic pain. Trazodone is often utilized to assist with pain-associated insomnia at doses that are less than those that are used for depression. The prescribing physician has documented that the new combination has allowed for discontinued use of Opioids. Under these circumstances the use of Trazodone is consistent with Guidelines and is medically necessary.

Relafen 500mg, #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's and low back pain Page(s): 68.

Decision rationale: MTUS Guidelines are no supportive of the long-term use of daily NSAID medications for chronic low back pain. If they are beneficial, periodic use for flare-ups is recommended. In addition, the records indicated that these classes of drugs have not been effective for this patient in the past and there is no new information that is contradictory to this. Under these circumstances the Relafen 500mg #60 with 5 refills is not medically necessary.

TENS unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulator (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 115.

Decision rationale: MTUS Guidelines are very specific regarding the necessary documentation to justify the purchase and long term use of a TENS unit. This documentation should include frequency of use, quantitative measures of pain relief and effects on the need for other treatments i.e. less medication use. The requesting physician does not provide adequate details to meet

Guidelines standards that would support the purchase of the TENS device. The purchase of a TENS unit is not medically necessary.