

Case Number:	CM14-0141081		
Date Assigned:	09/10/2014	Date of Injury:	11/06/1995
Decision Date:	10/16/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/02/2014

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 Practice and is licensed to practice in Ohio. 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 injured worker is a 61-year-old female whose date of injury was 11-6-1995. Her diagnoses include chronic low back pain, failed back syndrome, facet pain syndrome, fibromyalgia, and possible L-2 radiculopathy. She complains of continued, severe low back pain radiating down both legs and into the right groin. A recent MRI scan revealed evidence of a new disc extrusion at L1/L2 with encroachment on the right-sided L-2 nerve root thought to explain her right-sided groin pain. She has been maintained on gabapentin 800 mg three times daily, hydrocodone 30-50 mg daily, Cymbalta 60-90 mg daily depending on what Workmen's Compensation has allowed, and Senna as a stool softener. Her physical exam has revealed diffuse myofascial tenderness, pain with extension or rotation of the back, and diminished sensation of the left lateral calf. Her pain scores by visual analog scale (VAS) have ranged from 7-10 to 10-10 regardless of whether she was taking 30 mg of hydrocodone daily or 50 mg of hydrocodone daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Hydrocodone 10/325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The above guidelines state that for those with ongoing opioid treatment there should be monitoring of analgesia, functionality, adverse reactions, and any aberrant drug taking behavior. There should be quantification of average pain levels, least amount of pain, most amount of pain, duration of analgesia, and length of analgesia from the opioids. Opioids should be discontinued if improvements in pain and functionality are not documented. In this instance, the level of pain reported by the injured worker does not vary even with dosage adjustments. Pain levels are not quantified beyond current pain complaints. There seems to be little discussion of functionality as a consequence of the opioid treatment. Therefore, one prescription of Hydrocodone 10/325mg #150 is not medically necessary part of the above guidelines.

One prescription for Gabapentin 800mg, #90: Overturned

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), Low Back, Gabapentin

Decision rationale: Gabapentin is recommended as a trial for lumbar spinal stenosis (LSS). Gabapentin, which has been used in the treatment of neuropathic pain, may be effective in the treatment of symptoms associated with LSS. Statistically significant improvement was found in walking distance, pain with movement, and sensory deficit. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In this instance, it is clear that at least a component of the injured worker's pain is neuropathic. Therefore, Gabapentin 800mg, #90 is medically necessary.

One prescription for Cymbalta 30mg #30: Overturned

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), Chronic Pain, Cymbalta

Decision rationale: Cymbalta is recommended as an option in first-line treatment of neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, with effect found to be significant by the end of week 1 (effect measured as a 30% reduction in baseline pain). The starting dose is 20-60 mg/day, and no advantage has been found by increasing the dose to twice a day, except in fibromyalgia. The medication has been found to be effective for treating fibromyalgia in women

with and without depression, 60 mg once or twice daily. In this instance, the injured worker exhibits both neuropathic pain and fibromyalgia. Hence, one prescription for Cymbalta 30mg #30 to bring the total daily dose to 90 mg a day is medically necessary.