

<b>Case Number:</b>	CM13-0021120		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	09/20/2002
<b>Decision Date:</b>	01/13/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology 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 physician 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 fifty four year old male who reported an injury on 09/02/2002 after he sustained spinal injuries from tossing kegs into a delivery truck. The patient subsequently underwent an Anterior cervical discectomy and fusion at C4-6 in approximately 2003. Since then, the patient has been seen for a follow up of chronic pain in the neck radiating into the bilateral shoulders and arms. For at least 8 months, the patient has been taking the following medications, Opana 40 mg, Avinza, Klonopin, Opana 10 mg, Cymbalta 60 mg, and Senokot at 50 mg. The physician is now requesting 1 prescription of Cymbalta 60 mg with 28 total tablets, 1 saliva testing, 1 prescription for Opana 10 mg at 140 total, and 1 prescription of Klonopin at 2 mg with a total of 112.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Cymbalta 60mg #28 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Pain (Chronic)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta®), Page(s): 43-44.

**Decision rationale:** According to California Medical Treatment Guideline Schedule (MTUS), Cymbalta is recommended as an option in first line treatment in neuropathic pain. It has also been approved for the treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, with the effect found to be significant by the end of week 1. According to the documentation, the patient's only listed diagnoses are cervicalgia, joint pain, and shoulder pain. There was nothing noted in the documentation stating the patient had any form of depression, anxiety disorder, or neuropathy. At this time, it is unclear what diagnosis the medication is being used to treat. The clinical documentation did not provide evidence of benefit from this medication to support continuation. Therefore, in regards to the guidelines' recommendations for the use of Cymbalta, the request cannot be considered medically necessary.

**One saliva testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Pain (Chronic)..

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Genetic testing for potential opioid abuse.

**Decision rationale:** Saliva testing is not addressed under California Medical Treatment Guideline Schedule (MTUS) or American College of Occupational and Environmental Medicine (ACOEM). Official Disability Guidelines state genetic testing for potential opioid abuse is not recommended and further states a variety of polymorphisms clearly influence pain perception and behavior in response to pain. The documentation provided did not provide a rationale for the requested testing. Given the guidelines do not recommend the testing and there is a lack of rationale provided for requesting the testing, the request is non-certified.

**One prescription of Opana 10 mg #140:** 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) Section: Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 93,78.

**Decision rationale:** According to California Medical Treatment Guideline Schedule (MTUS), the usage of this opioid is for analgesic purposes. CA MTUS guidelines also note the 4A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) should be monitored and affect therapeutic decisions. As noted in the documentation dated 08/05/2013, the patient was noted as having 60% improvement in standing ability, walking ability, and lifting ability due to utilizing this medication. The patient further stated that he was able to perform about 30 minutes of housework, limited sitting, and limited walking. However,

the documentation did not indicate the amount of pain relief the patient experienced with this medication, side effects or aberrant drug-taking behaviors to meet guideline criteria for continuation of this medication. Therefore, the request for 1 prescription of Opana 10 mg #140 is not medically necessary.

**One prescription of Klonopin 2mg #112: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Pain (Chronic)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Page(s): 24.

**Decision rationale:** According to California Medical Treatment Guideline Schedule (MTUS), benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. As noted in the documentation, this patient has been utilizing Klonopin for several months to date which would exceed the amount of time the medication is recommended for. Also, the documentation submitted did not provide information regarding the efficacy of this medication. As such, the requested 1 prescription of Klonopin 2mg #112 is not medically necessary.