

<b>Case Number:</b>	CM13-0040113		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	10/07/1997
<b>Decision Date:</b>	02/06/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 Physical Medicine and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 72-year-old male who reported a work-related injury as a result of strain to the lumbar spine. Subsequently, the patient is diagnosed with chronic pain syndrome, thoracic and lumbosacral spondylosis and degenerative disc disease, displacement of intervertebral disc, and unspecified hypothyroidism. The clinical note dated 10/29/2013 reported the patient was seen under the care of [REDACTED]. The provider documents the patient utilizes Pennsaid, THC, gabapentin, cyclobenzaprine, Cymbalta, hydrocodone/acetaminophen 5/500, hydrochlorothiazide 25 mg, potassium chloride 20 mEq, levothyroxine 112 mcg, diltiazem 300 mg 24 hour 1 capsule by mouth each day. The provider documents the patient reports his usual pain score at a 4/10. The provider documents the patient has undergone medication management, transforaminal epidural steroid injections, and diagnostic medial branch blocks. The provider documents the patient presents for treatment of chronic pain syndrome, lumbosacral spondylosis without myelopathy, degeneration of lumbar lumbosacral intervertebral disc, displacement of thoracic intervertebral disc without myelopathy, thoracic spondylosis without myelopathy, and unspecified hypothyroidism. The provider documents the patient is suffering from chronic pain syndrome secondary to lumbar degenerative disc disease with radiculopathy to the bilateral lower extremities. The provider reported the patient was to continue to utilize cyclobenzaprine for relief of spasms, decrease Cymbalta to 30 mg for 1 week to see if episodes of sweats and chills decrease; if not, the patient would return to 60 mg by mouth each day for relief of depression. The provider documented the patient was to continue to utilize Vicodin for pain and the 4 A's were reviewed with the patient and a Compliance Narcotic Agreement was reviewed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Request for 90 Tablets of Cyclobenzaprine Hydrochloride 10mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines 9792.24.2 Chronic Pain Medical Treatment Guidelines..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 41-42.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review reports the patient has utilized his current medication regimen, chronic in nature for chronic pain complaints due to lumbar spine degenerative disc disease. The patient presents status post work-related injury sustained in 1997. California MTUS indicates cyclobenzaprine is recommended as an option utilized in a short course of therapy. This medication is not supported for chronic use. Therefore, given the above, the request for 90 tablets of Cyclobenzaprine Hydrochloride 10 mg is not medically necessary or appropriate

### **Request for 120 Capsules of Hydrocodone/APAP 5/500mg: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines 9792.24.2 Chronic Pain Medical Treatment Guidelines..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 78.

**Decision rationale:** The current request is supported. The provider documents the patient rates his pain at a 4/10 with utilization of his medication regimen, 8/10 without medication use. The provider documents that the patient presents low risk for opioid abuse. The patient has signed a pain contract and reports positive efficacy with utilization of Vicodin. The current request will be supported, however, future requests of this medication must continue to evidence that the patient has objective increases in functionality and decrease in rate of pain on the VAS scale. As California MTUS states "hydrocodone/APAP is seen as an effective method in controlling chronic pain. It is often used for intermittent or breakthrough pain." The guidelines also state "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). Therefore, given all the above, the request for 120 capsules of Hydrocodone/APAP 5/500 mg is necessary and appropriate.

### **Request for 20 Capsules of Cymbalta 60mg: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines 9792.24.2 Chronic Pain Medical Treatment Guidelines..

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

**Decision rationale:** The current request is supported. The provider documents the patient has been recommended to begin weaning of utilization for Cymbalta due to possible side effects. The patient reports shaking and sweating. The provider documents the patient was utilizing Cymbalta for relief of depression. The provider documents a decrease of Cymbalta will be supported to see if the patient's episodes of sweats and chills will decrease. If not, the patient would return to 60 mg by mouth each day. The patient presents with a chronic pain condition status post work-related injury sustained in 1997. The provider documents the patient reports positive efficacy with his current medication regimen. California MTUS indicates Cymbalta is utilized as an option for first line treatment of neuropathic pain. The patient presents with bilateral lower extremity radiculopathic symptomatology. Given all the above, the request for 20 capsules of Cymbalta 60 mg is medically necessary and appropriate.