

<b>Case Number:</b>	CM13-0041487		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	07/12/1995
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation 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:

This is a 56 year old male injured on the job in July 12, 1995 with multiple injuries affecting this neck, shoulder and lower back as a result of the injury. The patient had cervical spine fusion, thoracic outlet surgery and shoulder arthroscopy. He has persistent neck and shoulder pains. He has had epidural cervical injections and 20 years of opioids. Diagnoses include cervical spondylosis with myelopathy, cervicobrachial syndrome, chronic pain syndrome, opioid dependence. The consultation report dated 09/25/13 states that the claimant sustained injuries to the cervical spine, left shoulder, and low back on 11/07/92. The claimant underwent cervical spine fusion and left TOS Surgery. The claimant underwent several cycles of cervical epidural and 'facet injections in the past. The claimant has been on chronic opioids for close to 20 years. Most recently the claimant was on Methadone and Percocet but was released because of cannabis in the urine test. The claimant states not using cannabis anymore. The provider notes that the claimant is allergic to codeine, methadone and related, and propoxyphene. The claimant is currently employed and is working full time. The claimant reported ongoing neck and low back pain rated 10/10 with constant tightness on the left. The claimant notes that acupuncture had been beneficial before. Current medications include amitriptyline, amlodipine, Cymbalta, Flexeril, lisinopril, Neurontin, Protonix, and trazodane. On exam, range of motion in the cervical spine into flexion is limited to 30 degrees and extension is limited to 20 degrees. There are cervical hypertonicity, spasm, tenderness, tight muscle bands, and trigger points on the left. There is tenderness noted at the trapezius. Spurling's maneuver on the left causes pain in the muscles of the neck radiating to the upper extremity. Muscle strength is graded 5/5. There are dysesthesias present over the ring finger, little finger on the left side, and medial forearm bilaterally. The claimant has been allowed to resume/continue usual and customary work. The

provider recommends acupuncture 2 times a week for 3 weeks. The provider recommends starting Norco 10/325mg, not to exceed 4 a day and to consider Suboxone detox.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Acupuncture to the cervical spine, QTY 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Therapy, Page(s): 8,9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Pain (Chronic) (Updated 1/7/2014) Section on Acupuncture

**Decision rationale:** According to medical records reviewed, this patient has had 4 previous sessions of acupuncture in January 2013. Per the ODG acupuncture guidelines noted below, initial trial of 3-4 visits over 2 weeks is recommended, with evidence of reduced pain, medication use and objective functional improvement, total of up to 8-12 visits over 4-6 weeks. The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy. With respect to this patient, there is no clear documentation of clinically significant improvement in activities of daily living, the duration of previous acupuncture sessions, a reduction in work restrictions, or a reduction in the dependency on continued medical treatment or medications. Therefore the request for additional sessions of acupuncture therapy is not medically necessary.

**night time Cymbalta:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine Page(s): 15,43,44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Pain (Chronic) (Updated 1/7/14) Section on Duloxetine (Cymbalta

**Decision rationale:** With respect to Cymbalta (Duloxetine), CA-MTUS guidelines states that Duloxetine is recommended as an option for diabetic neuropathy. The FDA approved Duloxetine HCl delayed-release capsules (Cymbalta; Eli Lilly and Co) for the once-daily treatment of chronic musculoskeletal pain, used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. (Dworkin, 2007) No high quality evidence is reported to support the use of Duloxetine for lumbar radiculopathy. (Dworkin, 2007) More studies are needed to determine the efficacy of Duloxetine for other types of neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective; poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic

medication, sleep quality and duration, and psychological assessment. In this case the patient reports ongoing neck and low back pain rated 10/10 with constant tightness on the left. There are dysesthesias present over the ring finger, little finger and the left side, and medial forearm bilaterally. Considering the noted severe pain with neuropathic complaints, medical necessity of this medication is established. Since there is no documentation of a trial of tricyclics, the request for night-time Cymbalta is not medically necessary.

**Norco:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76,77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC-Pain (Chronic) (updated 11/14/13) Section on Opioids for chronic pain

**Decision rationale:** With respect to the request for Norco, this is not supported by the guidelines for long-term use. The medical report states that the claimant has been on chronic opioids for close to 20 years. Most recently, the claimant was on Methadone and Percocet but claimant states not using cannabis anymore. However, there is no documentation of current urine -drug test, risk assessment profile, attempt at weaning off or tapering, and an updated and signed pain contract between the provider and claimant as mandated by CA MTUS. Considering that the claimant complains of severe pain, medical necessity of Norco is established. Partial certification was recommended for Norco 10/325mg x 1 month supply for weaning purposes. The guidelines do not recommend opioid as a first-line treatment for chronic non-malignant pain, and not recommended in patients at high risk for misuse, diversion, or substance abuse. ODG states: Recommended as a 2nd or 3rd line treatment option at doses of 120 mg daily oral morphine equivalent dose (MED). Given that the patient has not had any long-term functional improvement gains from taking Norco over the past 20 years, it is warranted for the patient to begin weaning from Norco. The guidelines stated that Opioids should be discontinued if there is no overall improvement in function, and they should be continued if the patient has returned to work or has improved functioning and pain. If tapering is indicated, a gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms and consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. Therefore the request for Norco is not medically necessary.