

<b>Case Number:</b>	CM13-0053085		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	03/09/2005
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 is a 54 year old female who has reported low back pain after an injury on 3/9/05. She has been diagnosed with lumbar disk disease and the so-called "failed back surgery syndrome". She has had a lumbar fusion in 2007 and a hardware removal in 2009, neither of which provided good pain relief. The lumbar MRI of 5/23/12 showed post-operative changes and no other significant pathology. The AME in 2009 recommended that future care include the options for medications, testing, injections, and surgery. Specific medical evidence or treatment guidelines were not cited in support of these recommendations. The treating physician has provided reports during 2013 approximately every one to two months. Those reports refer to ongoing low back pain with non-specific lower extremity symptoms. Cymbalta and Lidoderm are mentioned, without an adequate discussion of the specific indications and results of use. Function is not adequately addressed. Work status throughout 2013 is stated as "permanently" off work. On 7/19/12 both hydrocodone and Cymbalta were prescribed together. On 5/8/13 the treating physician states that Cymbalta has been used for "well over a year" for neuropathic lower extremity pain, and that it allowed her to stop opioids. On 7/24/13 Lidoderm is reported to provide "some relief". On 12/3/13 the treating physician states that the injured worker is gaining weight, possibly due to Cymbalta. Utilization Review has non-certified Cymbalta on several occasions. Utilization Review has noted that Cymbalta has been used as far back as 2008, possibly on a non-industrial basis, and that there has been no clear relation between the use of Cymbalta and opioids. On 10/30/13, Utilization Review non-certified Cymbalta and Lidoderm, noting the lack of specific benefit and indications, and cited the MTUS entries for each of these medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYMBALTA 60MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN, CYMBALTA Page(s): 60, 13-14, 15.

**Decision rationale:** There is no clear evidence for neuropathic pain in this case. This injured worker has non-specific low back pain and lower extremity pain. If there were to be an indication for an antidepressant for chronic pain in this case, a tricyclic antidepressant would be the first choice (see the MTUS citations). There is no evidence in the available reports that there was a trial of a tricyclic antidepressant. Per the MTUS citation above, Cymbalta is approved for diabetic neuropathy and fibromyalgia. It is used off-label for neuropathic pain and radiculopathy, and no good evidence supports its use for lumbar radiculopathy. Although the indications in this case are not clearly evident per the guidelines, it is clear that there is no functional benefit, as the injured worker is described as unable to perform any and all work on a permanent basis, which implies a nearly complete lack of function. The kinds of clinical assessment and results recommended in the MTUS page 60 and page 13 are not present in the records. There is a lack of clear evidence that this injured worker started taking Cymbalta and then stopped opioids as a result. A clear timeline provided by the treating physician would help make this point, and it was not presented. Cymbalta is not medically necessary based on the MTUS recommendations and lack of sufficient benefit.

**LIDODERM PATCHES:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM Page(s): 112, 57.

**Decision rationale:** The MTUS recommends Lidoderm only for localized, peripheral neuropathic pain after trials of "(tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)". The MTUS recommends against Lidoderm for low back pain or osteoarthritis. There is no evidence in any of the medical records that this patient has localized, peripheral neuropathic pain. Rather the Lidoderm is used for low back pain, which is not a recommended indication. Regardless of indications, it is clear that there is no functional benefit, as the injured worker is described as unable to perform any and all work on a permanent basis, which implies a nearly complete lack of function. The kinds of clinical assessment and results recommended in the MTUS page 60 and page 13 are not present in the records. Lidoderm is not medically necessary based on the MTUS recommendations and the lack of any functional benefit.

