

<b>Case Number:</b>	CM13-0053383		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/22/2004
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 reported an injury on 07/22/2004. The mechanism of injury was not provided for review. The patient's most recent clinical evaluation commented that the patient had worsening low back pain described as severe exacerbated by movement. Objective findings included decreased range of motion in all planes secondary to pain, tenderness to palpation from the L3 through the L5 paraspinal musculature with a negative straight leg raising test bilaterally. The patient's medication schedule included Ambien 10 mg, Celebrex 200 mg, Flexeril 10 mg, Norco 10/325 mg, Oxycontin 10 mg, and Cymbalta 30 mg. The patient's diagnoses included lumbar disc degeneration, chronic worsening low back pain, and insomnia secondary to pain. The patient's treatment plan included continuation of medications and referral to an orthopedic surgeon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for Flexeril 10mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63..

**Decision rationale:** The requested Flexeril 10 mg, quantity 90, is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has been on this medication for an extended duration of time. California Medical Treatment Utilization Schedule recommends muscle relaxants for short courses of treatment, not to exceed 2 to 3 weeks duration. Additionally, continued use of the medication is not supported as the documentation indicates the patient's pain is increasing. As such, the requested Flexeril 10 mg, quantity 90, is not medically necessary or appropriate.

**request for Norco 10/325mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 89.

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

**Decision rationale:** The requested Norco 10/325 mg, quantity 240, is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the continued use of opioids in the management of a patient's chronic pain be supported by a quantitative assessment of pain relief, documentation of increased functional capabilities, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does not provide any evidence that the patient's medication schedule is providing effective pain relief. Additionally, there is no documentation of functional benefit or that the patient is monitored for aberrant behavior. Therefore, continued use would not be indicated. As such, the requested Norco 10/325 mg, quantity 240, is not medically necessary or appropriate.

**request for Oxycontin 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 89.

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

**Decision rationale:** The requested Oxycontin 10 mg, quantity of 60, is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the continued use of opioids in the management of a patient's chronic pain be supported by a quantitative assessment of pain relief, documentation of increased functional capabilities, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does not provide any evidence that the patient's medication schedule is providing effective pain relief. Additionally, there is no documentation of functional benefit or that the patient is monitored for aberrant behavior. Therefore, continued use would not be indicated. As such, the requested Oxycontin 10 mg, quantity of 60, is not medically necessary or appropriate.

**request for Cymbalta 30mg for one month: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13 and 60.

**Decision rationale:** The requested Cymbalta 30 mg for 1 month is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has been on this medication for approximately 1 month. California Medical Treatment Utilization Schedule does recommend the use of antidepressants in the management of chronic pain. However, California Medical Treatment Utilization Schedule also recommends that continued use be supported by documentation of functional benefit and documentation of significant pain relief. The clinical documentation submitted for review actually indicates that the patient's pain is increasing. Additionally, there is no documentation of functional benefit. Therefore, the need to continue this medication is not established. As such, the requested Cymbalta 30 mg for 1 month is not medically necessary or appropriate.

**Request for an increase to Cymbalta 60mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 and 13.

**Decision rationale:** The increase of Cymbalta to 60 mg is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of antidepressants in the management of chronic pain. California Medical Treatment Utilization Schedule states that if 30 mg of Cymbalta only offers partial relief, the patient can be safely titrated to Cymbalta 60 mg. However, the clinical documentation submitted for review does not provide any evidence that the 30 mg dosage provided any relief of symptoms or any increase in functional capabilities. Therefore, the need to increase Cymbalta 60 mg is not established. As such, the requested increase of Cymbalta to 60 mg is not medically necessary or appropriate.