

<b>Case Number:</b>	CM13-0058209		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/17/2009
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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:

The patient is a 71-year-old female who was injured on January 17, 2009. The patient has complaints of chronic, moderate to severe pain associated with persisting pain after her surgery with chronic neurogenic pain syndrome. Her current symptoms are constant severe symptoms of right-sided neck pain, with medication, her pain is still of moderate intensity, without the medications, her pain is severe. She has moderate restriction in her right shoulder range of motion. Reflexes are intact in the biceps, triceps and brachioradialis. The patient is diagnosed chronic pain syndrome, chronic neurogenic pain syndrome as a consequence of radiculopathy and axillary neuropathy, chronic right shoulder arthralgias status post rotator cuff decompression, and carpal tunnel syndrome status post surgical release. Current medications include Fentanyl patch, Methadone, Amrix and Lidoderm patches as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FENTANYL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic® (Fentanyl Transdermal System) Page(s): 44.

**Decision rationale:** The MTUS Guidelines state that Fentanyl is not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the. Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. The medical records do not establish continued use of the patches led to clinically significant reduction in pain and improved function. The patient persistently reports severe pain levels, has not demonstrated improved function, has not returned to work, and the documented physical examination findings are minimal and unchanged. Given the lack of benefit, continued Fentanyl is not recommended under the guidelines. The guidelines note that chronic opioid use can lead to hyperalgesia. Fentanyl is an opioid analgesic with a potency eighty times that of morphine. This strong opioid medication has the potential of significant side effects. The medical records do not establish non-opioid analgesics are not sufficiently appropriate to address this patient's pain complaints. The medical records do not establish the patient requires continuous opioid analgesia that cannot be managed by other means. The request is not supported by the guidelines, as the medical necessity has not been established.

**NORCO:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for a Therapeutic Trial of Opioids..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 86, 87.

**Decision rationale:** The California MTUS guidelines note that chronic opioid use can lead to hyperalgesia. Guidelines state that there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. The medical records do not establish continued use of Norco has led to clinically significant reduction in pain and improved function. The patient persistently reports severe pain levels, has not demonstrated improved function, has not returned to work, and the documented physical examination findings are minimal and unchanged. Given the lack of benefit, continued Norco use is not recommended under the guidelines. The medical necessity of Norco is not established under the guidelines.

**METHADONE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for a Therapeutic Trial of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61, 62.

**Decision rationale:** According to the California MTUS guidelines, Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this

medication. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand only lasts from 4-8 hours. Methadone should only be prescribed by providers experienced in using it. This product is FDA-approved for detoxification and maintenance of narcotic addiction. The medical records do not establish Methadone is being provided for either of these purposes. In addition, the patient's dosage and use of Methadone taken has not been detailed. The patient persistently reports severe pain levels, has not demonstrated improved function, has not returned to work, and the documented physical examination findings are minimal and unchanged. Given these factors, the medical necessity of Methadone is not established under the guidelines.

**GABAPENTIN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDS) Page(s): 16, 18.

**Decision rationale:** According to the California MTUS guidelines, an anti-epilepsy drug (AED), such as Gabapentin, is recommended for neuropathic pain (pain due to nerve damage). Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The medical records do not establish the patient has neuropathic pain. There are no specific subjective complaints, correlative objective clinical findings, and/or corroborative electrodiagnostic evidence to establish active neuropathy is present. Furthermore, there is not documented benefit with use of gabapentin, such as reduction in pain, opioid medication use, and disability. In accordance with the guidelines, the medical necessity of Gabapentin has not been established.

**ROBAXIN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-65.

**Decision rationale:** The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). The medical records do not demonstrate the presence of muscle spasm on examination. In addition, the medical records do not document subjective complaints and examination findings that correlate to the existence of an acute exacerbation of her patient's chronic pain condition. In addition, review of the medical records documents chronic use of muscle relaxants, which is not recommended by the guidelines. Furthermore, no notable improvement has been identified with use. In the absence of supportive findings, the medical necessity of Robaxin has not been established.

**METHOCARBAMOL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-65.

**Decision rationale:** The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). The medical records do not demonstrate the presence of muscle spasm on examination. In addition, the medical records do not document subjective complaints and examination findings that correlate to the existence of an acute exacerbation of her patient's chronic pain condition. In addition, review of the medical records documents chronic use of muscle relaxants, which is not recommended by the guidelines. Furthermore, no notable improvement has been identified with use. In the absence of supportive findings, the medical necessity of Methocarbamol has not been established.

**CYMBALTA:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Antidepressants Page(s): 15, 16.

**Decision rationale:** According to the California MTUS guidelines, Cymbalta is FDA-approved for anxiety, depression, diabetic neuropathy and fibromyalgia. Review of the medical records does not reveal the patient has any of these diagnoses. There is no high quality evidence to support the use of this medication for other conditions. Furthermore, the medical records do not establish the patient has benefited with use of this medication. There is no documented subjective improvement in pain and function, or improved objective findings demonstrated on examination. Therefore, medical necessity of Cymbalta is not established.