

<b>Case Number:</b>	CM13-0060772		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	09/21/2012
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 Physical Medicine and Rehabilitation 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 46-year-old male with a date of injury of 09/21/2012. The listed diagnosis per [REDACTED] is thoracic spine pain with abnormality at the right T5 costochondral margin identified on bone scan. According to report dated 10/22/2013 by [REDACTED], the patient presents with thoracic spine pain. The pain is in the right-side in the mid thoracic area. The pain ranges from 8-9/10. The pain is described as throbbing, sharp, and constant. The pain is decreased with spa, medications, and physical therapy. Physical examination of the spine reveals alignment is normal. He has some right paravertebral facet tenderness and spasm in the right mid thoracic spine. Patient's medication includes Nucynta, Cymbalta, Zanaflex, and Lidoderm patches. Utilization Review is dated 11/14/2013. The progress reports reviewed were from 02/07/2013 to 10/22/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ZANAFLEX 4MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines allows for the use of Zanaflex for low back pain, myofascial pain, and fibromyalgia. Medical records indicate this patient has been prescribed Zanaflex since 07/30/2013. None of the treater's reports reviewed from 07/30/2013 to 10/22/2013 show any documentation as to how the patient is responding to Zanaflex. Given the patient's chronic back pain, Zanaflex may be indicated. However, without documentation of its efficacy, it cannot be supported. MTUS Guidelines require documentation of pain assessment and function as related to use of medication for chronic pain. The request for Zanaflex 4 mg # 6 is not medically necessary and appropriate.

**NUCYNTA IR 75MG #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88 and 89.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines does not discuss the use of Nucynta for chronic pain. Therefore, alternative guidelines are referenced. The Official Disability Guidelines (ODG) states that Nucynta is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. For chronic opiate use, the MTUS Guidelines require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4A (analgesia, ADLs, adverse side effects, and adverse behavior) are required. Furthermore under outcome measure, MTUS states, "Measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Medical records submitted for review indicate the patient has been taking this medication since 08/27/2013. Review of reports from 08/27/2013 to 10/22/2013 does not provide any discussions regarding whether or not Nucynta has provided pain relief or functional improvements. There are no discussions regarding significant changes in ADL's, change in work status or return to work due to opiate use. The request for Nucynta IR 75 mg # 90 is not medically necessary and appropriate.

**LIDODERM PATCH 5% #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56,57.

**Decision rationale:** The MTUS Chronic Pan Medical Treatment Guidelines states under lidocaine indications are for neuropathic pain "recommended for localized peripheral pain after there has been evidence of a trial of first line therapy. Topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. Lidoderm

is also used off label for diabetic neuropathy." In this case, the patient has been using these patches since 07/30/2013. Review of medical records from 02/07/2013 to 10/22/2013 does not show evidence of neuropathic pain that is "localized peripheral pain." Furthermore, the treating physician does not provide any discussion on the efficacy of these patches, if any. The request for Lidoderm Patch 5% is not medically necessary and appropriate.

**CYMBALTA 30MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Selective Serotonin and Norepinephrine Reuptake Inhibitors (SNRIS).

**Decision rationale:** For Cymbalta, the MTUS Guidelines states, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used for off-label neuropathic pain and radiculopathy. Duloxetine is recommended as a first line option for diabetic neuropathy." In this case, the treating physician first prescribed this medication on 07/30/2013 without providing the rationale for the prescription. The progress reports from Final Determination Letter for IMR Case Number CM13-0060772 5 07/30/2013 to 10/22/2013 do not indicate that the patient presents with any of the criteria for the use of Cymbalta. The request for Cymbalta 30 mg # 60 is not medically necessary and appropriate.