

<b>Case Number:</b>	CM14-0002338		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	11/12/2006
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Texas and Oklahoma. 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 injured worker is a 55-year-old male with a date of injury reported on 11/12/06; the mechanism of injury was not provided for review. The injured worker's diagnoses included lumbar discogenic pain, left L4 and L5 radicular pain, and secondary depression. A clinical note dated 1/6/14 noted that the injured worker had a history of low back pain that has been ongoing despite a previous L4 and L5 decompression. It was also noted the patient had no benefit from recent trials of spinal injections. Additionally, it was noted that the injured worker was prescribed Norco every 4-6 hours and that it had been managing his symptoms well. Upon examination, there was tenderness to the L5-S1 paraspinal muscles and decreased range of motion of the lumbosacral spine. Motor strength was 5/5 throughout and sensations were intact. The treatment plan was to continue Norco 10/325mg by mouth ever 4-6 hours, Neurontin 300mg by mouth three times daily, and Cymbalta 30mg by mouth at bedtime.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325 #100:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SHORT-ACTING/LONG-ACTING OPIOIDS Page(s): 75.

**Decision rationale:** The California MTUS Guidelines state that opioids may be recommended for controlling chronic pain. The guidelines also state that ongoing management of pain relief with opioids must include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Although it was noted that the injured worker was able to manage symptoms with this requested medication and that he was able to perform his activities of daily living with less pain, there is lack of quantifiable evidence that this requested medication has provided a therapeutic effect. Additionally, there is a lack of evidence within the available documentation of screening for possible side effects and/or appropriate drug use. As such, the request is not medically necessary.

**NEURONTIN 300MG #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTIEPILEPSY DRUGS,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GABAPENTIN (NEURONTIN) Page(s): 49.

**Decision rationale:** The California MTUS Guidelines state that Neurontin may be recommended for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. Within the medical records provided for review, there is no documentation of the aforementioned diagnoses and/or symptoms. As such, the request is not medically necessary.

**CYMBALTA 30MG #30:**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTIDEPRESSANTS,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GUIDELINES DULOXETINE (CYMBALTA Page(s): 43-44.

**Decision rationale:** The California MTUS Guidelines state that Cymbalta may be recommended as an option as a first line treatment for neuropathic pain. Within the medical records provided for review, there is no documentation of neuropathic pain. As such, the request is not medically necessary.