

<b>Case Number:</b>	CM14-0005691		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	09/10/2008
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Family Practice 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 57 year old male injured on 09/10/08 while operating a bull dozer and sustained injuries to his neck and back. The patient underwent fusion at L4-S1 in 2009. He continued to complain of pain in his neck, upper and lower back with radiculopathy into his hands bilaterally and radiating into bilateral lower extremities postoperatively. The clinical documentation dated 01/28/14 indicates the patient complains of intermittent right ankle pain in addition to chronic neck and back pain with associated depression and anxiety. Documentation indicates the patient reports following initiation of Cymbalta, his anxiety and depression symptoms have decreased tremendously. Additionally, the patient is receiving psychotherapy on a regular basis for ongoing anxiety and depression symptoms. The patient rated his ankle pain at 4/10 and reported no change in previous chronic symptoms. The patient reports he has decreased his Soma intake but continues to take Oxycontin and Norco 10/325mg for pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**68 NORCO 10/325MG:** 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, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Norco 10/325mg cannot be established at this time.

**30 OXYCONTIN 30MG:** 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, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Oxycontin 30mg #30 cannot be established at this time.

**30 CYMBALTA 60MG WITH 2 REFILLS:** Overturned

**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, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44.

**Decision rationale:** As noted on page 44 of the Chronic Pain Medical Treatment Guidelines, Duloxetine (Cymbalta®) is recommended as an option in first-line treatment option in neuropathic pain. Duloxetine (Cymbalta®) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs) which has FDA approval for treatment of depression and generalized anxiety disorder. The clinical documentation indicates the patient reports ongoing treatment for

anxiety and depression to include medication management. The patient reports a significant reduction in his anxiety and depressive symptoms with the use of Cymbalta. As such, the request for 30 Cymbalta 60mg with 2 refills is recommended as medically necessary.