

<b>Case Number:</b>	CM14-0106419		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	05/12/2006
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 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 injured worker is a 45-year-old female who reported an injury on 05/12/2006. The mechanism of injury is unknown. Diagnoses include lumbosacral spondylosis without myelopathy, opioid type dependence unspecified, displacement of cervical intervertebral disc without myelopathy, cervical spondylosis without myelopathy, degeneration of cervical intervertebral disc, pathologic fracture of vertebra, and primary localized osteoarthritis other specified sites. Past treatments include medications, injection, and rest. Diagnostic studies include x-rays and MRI scans. Surgical history was not provided. On 03/06/2014, the injured worker complained of pain in the low back, thoracic spine, bilateral arms, and wrists. She reported sudden onset of pain. The pain was described as constant, aching, and tightness, numbing, sharp, tingling, electrical, muscle tightness, and muscle spasm. The pain radiated to the bilateral upper extremities, left hand, left fingers, right hand, right fingers, neck, and head. The injured worker was unable to grip or grasp. The injured worker has at least 2 migraines per week. Pain gets better with injections, taking medications, and resting. The injured worker uses a wheelchair as an assistive device and is unable to propel self with arms, so she pushes with her foot. Pain level is rated at 6/10 with medication. Upon exam, the cervical lateral flexion was at 45 degrees, rotation was 90 degrees, shoulder flexion 180 degrees, abduction 180 degrees, negative impingement, internal rotation 70 degrees, external rotation 90 degrees. Medications included Abilify 5 mg once daily, Flector 1.3% transdermal 12 hour patch every 12 hours, oxybutynin chloride 5 mg twice a day, Relpax 40 mg twice a day as needed, Soma 350 mg twice a day, Dilaudid 4 mg every 4 hours as needed, Duragesic 50 mcg an hour transdermal patch every 48 hours, and Lyrica 225 mg 3 times a day. The treatment plan is to continue medicine as previous, request a power wheelchair, and request an intrathecal pump trial. The request is for

60 capsules of Cymbalta 60 mg, 90 capsules of Lyrica 225 mg, and 90 tablets of Klonopin 0.5 mg. The rationale was not provided. The Request for Authorization was not provided.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **60 capsules of Cymbalta 60mg: Upheld**

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

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

**Decision rationale:** The request for 60 capsules of Cymbalta 60mg is not medically necessary. The injured worker has a history of neck, back, arm, and wrist pain. According to the California MTUS 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 (SNRI). There is a lack of documentation of neuropathic pain. There is a lack of frequency within the request. As such, the request is not medically necessary.

#### **90 capsules of Lyrica 225mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 19.

**Decision rationale:** The request for 90 capsules of Lyrica 225mg is not medically necessary. The injured worker has a history of neck, back, arm, and wrist pain. The California MTUS Guidelines state that Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first line treatment for both. There was a lack of documentation of diabetic neuropathy and postherpetic neuralgia. There is a lack of frequency within the request also. As such, the request is not medically necessary.

#### **90 tablets of Klonopin 0.5mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The request for 90 tablets of Klonopin 0.5mg is not medically necessary. The injured worker has a history of neck, back, arm, and wrist pain. The Official Disability Guidelines do not recommend Benzodiazepines for long term use because long term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). The guidelines state that medicines are not recommended for long term use. There is a lack of frequency within the request. As such, the request is not medically necessary.