

<b>Case Number:</b>	CM14-0106870		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	05/13/2002
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 43 year old female injured on 05/13/02 while lifting several cases of bananas experiencing a sudden onset of sharp, low back pain. The injured worker underwent multiple lumbar spine surgeries with postoperative medication management, injection therapy, and unsuccessful spinal cord stimulator placement. Psychotherapy treatment authorization request dated 05/02/14 for outpatient psychotherapy once weekly, individual therapy for 24 weeks provided no specific information pertaining to the injured worker. Agreed psychiatric medical examination established diagnoses of depressive disorder not otherwise specified with anxiety, pain disorder associated with both psychological factors and a general medical condition, psychological factors affecting medical condition, and opioid dependence, iatrogenic. There was no subsequent clinical documentation submitted for review. The initial request for Cymbalta, Flexeril and Kadian was initially non-certified on 06/11/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 30mg #30 with 2 refills:** 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 Duloxetine (Cymbalta) Page(s): 44.

**Decision rationale:** As noted on page 44 of the Chronic Pain Medical Treatment Guidelines, Cymbalta is recommended as an option in first-line treatment of neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has Food and Drug Administration approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, with effect found to be significant by the end of week 1. There were no clinical records submitted for review, limiting the ability to substantiate the medical necessity of the requested medication. As such, the request for Cymbalta 30mg #30 with 2 refills cannot be recommended as medically necessary.

**Cymbalta 60mg #30 2 refills:** 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 Duloxetine (Cymbalta) Page(s): 44.

**Decision rationale:** As noted on page 44 of the Chronic Pain Medical Treatment Guidelines, Cymbalta is recommended as an option in first-line treatment of neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has Food and Drug Administration approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, with effect found to be significant by the end of week 1. There were no clinical records submitted for review, limiting the ability to substantiate the medical necessity of the requested medication. As such, the request for Cymbalta 60mg #30 2 refills cannot be recommended as medically necessary.

**Flexeril 5mg #90 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

**Decision rationale:** As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. There were no recent clinical records submitted for review, limiting the ability to substantiate the medical necessity of the requested medication. As such, the medical necessity of Flexeril 5mg #90 with 2 refills cannot be established at this time.

**Kadian 20mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids 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 were no recent clinical records submitted for review, limiting the ability to substantiate the medical necessity of the requested medication. As such, the request for Kadian 20mg #60 with 2 refills cannot be recommended as medically necessary at this time.