

<b>Case Number:</b>	CM14-0010804		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	12/10/2003
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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, has a subspecialty in Sports 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 78-year-old female who reported an injury on 12/10/2003, due to an unknown mechanism. The clinical note dated 12/18/2013 presented the injured worker with severe neck, back, chest wall, and right shoulder pain. The injured worker reported that she was unable to perform any functional activities and was unable to lift her arm without excruciating pain. The injured worker's physical exam revealed guarded cervical motion due to pain, intentional tremor with attempted shoulder elevation, and cervical range of motion values of 50 degrees of flexion, 50 degrees of extension, 80 degrees of left rotation, and 80 degrees of right rotation. The injured worker was diagnosed with cervical degenerative disc disease, cervical myelopathy, and cervical radiculopathy. The provider recommended Cymbalta, Celebrex, Topamax 25 mg with a quantity of 60, Vicodin 5 mg, and home health care 5 days a week for 6 months. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYMBALTA:** 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, CYMBALTA (DULOXETINE),

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific antidepressants Page(s): 15.

**Decision rationale:** The request for Cymbalta is non-certified. The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, change in use of other analgesic medicine, sleep quality, and duration. Side effects including excess sedation should be assessed. It is recommended that these outcome measurements should be initiated with at least 1 week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double blind trials have been a short duration, 6 to 12 weeks. There is lack of evidence of an objective assessment of the injured worker's pain level. Furthermore, there is lack of evidence of the efficacy of trial of an NSAID. There is also lack of evidence of a treatment plan concerning the antidepressant therapy. Therefore, the request for Cymbalta is not medically necessary.

**CELEBREX:** 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, CELEBREX.;

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CELEBREX Page(s): 30.

**Decision rationale:** The request for Celebrex is non-certified. The California MTUS Guidelines state the use of NSAIDs is recommended as an option for short-term symptomatic relief of back pain. The injured worker has been prescribed Celebrex since at least 08/15/2013, which exceeds the Guideline recommendations of a short-term therapy. The clinical note dated 12/18/2013 noted that the provider recommended the injured worker discontinue the use of Celebrex. The efficacy of the medication was unclear. Additionally, there was no quantity or dosage noted in the request. Therefore, the request for Celebrex is not medically necessary.

**TOPAMAX 25MG #60 WITH 2 REFILLS:** 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, TOPIRAMATE (TOPAMAX),

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Other Antiepileptic Drugs Page(s): 21.

**Decision rationale:** The request for Topamax 25mg #60 with 2 refills is non-certified. The California MTUS Guidelines recommend Topamax for treatment of neuropathic pain when other anticonvulsants fail. Topamax has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard. The included medical documents lack

evidence of failed anticonvulsants. There was a lack of a complete and adequate pain assessment. The injured worker was initiated on Topamax on 09/18/2013 at a dosage of 25 mg; there was a lack of objective measurable improvement in function or decrease in pain. Therefore, the request for Topamax 25mg #60 with 2 refills is not medically necessary.

**VICODIN 5MG:** 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 OPIOIDS Page(s): 89.

**Decision rationale:** The request for Vicodin 5 MG is non-certified. The California MTUS Guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The Guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for the pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function, or improved quality of life. The medical documentation lacks evidence of decreased pain, increased level of function, or improved quality of life. There was lack of an adequate and complete pain assessment within the documentation. Therefore, the request for Vicodin 5 MG is not medically necessary.

**HOME HEALTH CARE 5 DAYS/WEEK FOR 6 MONTHS:** 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, HOME HEALTH SERVICES,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH Page(s): 51.

**Decision rationale:** The request for home health care 5 days/week for 6 months is non-certified. The California MTUS recommends home health services for injured workers who are homebound on a part time or intermittent basis and generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides such as bathing, dressing, and using the bathroom, when this is the only care needed. The included medical documents lack evidence of the specific medical care that was to be provided by the home care service. There was also lack of evidence in the documentation which indicated the injured worker to be of homebound status, whether on a part time or intermittent basis, as well as the severity of the injured workers functional deficits. Therefore, the request for home health care 5 days/week for 6 months is not medically necessary.

