

<b>Case Number:</b>	CM14-0014676		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	08/22/2000
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 Nevada. 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 claimant is a 57 year-old male who was injured on August 22, 2000. The most recent clinical document provided for this review, dated February 21, 2014, indicates the claimant presents with complaints of headaches, constant neck pain, constant back pain, and right shoulder pain rated as 8/10. The claimant is documented as having improved functionality of daily activities with the current medication regimen. The claimant is documented as performing a home exercise program. The physical examination documents no chairs palpation of the lumbar paraspinal muscles, and negative straight leg raise test, and a negative's test. Examination is documented as being intact and all dermatomes bilaterally. There are no pertinent positives notes on physical examination. Current diagnoses are numerous and include failed back surgery syndrome and chronic pain syndrome. The previous examination from the visit dated January 21, 2014 documents diminished cervical range of motion the positive Spurling's test bilaterally, and diminished sensation to light touch and the thumb and index finger (provider does not indicate laterality). The utilization review in question was rendered on January 23, 2014. Based on the information provided in the utilization review, the reviewer non-certified the requests for Cymbalta and Norco. The reviewer indicates that a previous utilization recommended weaning of the cymbalta secondary to a lack of documented efficacy. The reviewer indicated that weaning was also previously recommended for Norco secondary to lack of efficacy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE PRESCRIPTION OF CYMBALTA 30 MG #30:** 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 Chronic Pain Medical Treatment Guidelines, antidepressants, Cymbalta Page(s): 15-16; 42.

**Decision rationale:** This medication is considered a first-line agent for diabetic neuropathy, and the MTUS indicates antidepressants are first-line medication in the treatment of neuropathic pain. Based on clinical documentation provided, the claimant has multiple diagnoses that would be indicative of neuropathic pain. Additionally, the most recent documentation indicates the claimant is noting objective functional improvement with daily activities while utilizing current medication regimen which include Cymbalta. As such, this request is considered medically necessary.

**ONE PRESCRIPTION OF NORCO 10/325 MG #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, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Opioids Page(s): 74-96.

**Decision rationale:** This individual has multiple documented complaints including chronic low back pain, radiculopathy, and chronic pain syndrome. The clinician fails to address Norco specifically, how much pain relief this medication is giving, a visual analog scale pain scoring with and without medication, and does not address the 4A's. As such, given the limited clinical information provided, the request is considered not medically necessary.