

<b>Case Number:</b>	CM14-0017013		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	03/07/2003
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 45 year-old male who was injured on 3/7/2003. He has been diagnosed with lumbar failed back surgery syndrome; lumbar radiculopathy and depression. According to the 1/2/14 pain management report form [REDACTED], the patient presents with 6/10 low back pain, increased with sitting, walking and moving, and decreased with medications and rest. Medications included gabapentin, Lidoderm patch, Roxicodone, Fentanyl patches and Cymbalta.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ROXICODONE 30MG#360:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Long-Term Assessment Criteria For Use Of Opioids Page(s): 88-89.

**Decision rationale:** The patient presents with chronic back pain and has been diagnosed with failed back surgery syndrome. His back pain is up to 10/10 without medications, but drops to 6-7/10 with medications including gabapentin, Lidoderm patch, Roxicodone, Fentanyl patches and Cymbalta. MTUS guideline criteria for long-term users of opioids indicate not to attempt to

lower the dose if it is working. MTUS describes a satisfactory response as the patient's decreased pain, increased level of function, or improved quality of life. The patient is being followed by a pain management physician and has had a decrease in pain with use of Roxicodone which is a satisfactory response. MTUS does not require discontinuing or weaning of a pain medication that is providing a satisfactory response. This request is medically necessary.

**CYMBALTA 60MG#30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16.

**Decision rationale:** MTUS guidelines states antidepressants, like Cymbalta, are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. The use of Cymbalta appears to be in accordance with MTUS guidelines, and is therefore medically necessary.

**LIDODERM PATCH 5%#90 WITH 5 REFILLS:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm® (Lidocaine Patch) and Topical Analgesics Page(s): 56-57, 111-113.

**Decision rationale:** MTUS recommends lidocaine patches for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The records show the patient has tried gabapentin, an AED, and Cymbalta, an SNRI anti-depressant. The patient meets the MTUS criteria for Lidoderm patches.