

<b>Case Number:</b>	CM14-0110609		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/28/2003
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 69 year old male with a date of injury on 10/26/2003. Diagnoses include knee degenerative joint disease, adhesive capsulitis, lumbar sprain, and degenerative lumbar discs. Subjective complaints are of left knee and back pain rated at 7/10, headaches, and depression. Physical exam of the low back shows painful and decreased range of motion. The left knee had crepitus and decreased painful range of motion. Medications include Vistaril, Cymbalta 30mg and 60mg, and Norco 10/325 max of 5 pills per day. Previous utilization review certified the ongoing use of Cymbalta 60mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta capsules 30mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS Page(s): 14-16.

**Decision rationale:** CA MTUS recommends antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Cymbalta is a SNRI antidepressant. CA MTUS states that SNRI's are approved for anxiety, depression, diabetic neuropathy, and

fibromyalgia. It has off-label indications for neuropathic pain and radiculopathy. For this patient, Cymbalta 60mg was certified for ongoing use. Guidelines indicate that there is no evidence that doses greater than 60 mg/day confer any additional benefits. Therefore, the request for additional use of Cymbalta 30 mg is not consistent with guideline recommendations, and the medical necessity is not established.

**Vistaril 25mg #90:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 18th Edition Insomnia Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PAIN, INSOMNIA TREATMENT.

**Decision rationale:** The ODG states that pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. The ODG suggests that sedating antihistamines are a class of drug that can be used for insomnia. Records indicate that this patient has been utilizing Vistaril for pain related insomnia. Therefore, the use of Vistaril is consistent with guideline recommendations, and the medical necessity is established.

**Norco 10/325mg #150:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 78-82.

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

**Decision rationale:** The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines, including urine drug screen, attempts at weaning, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.