

<b>Case Number:</b>	CM14-0154601		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	06/16/1997
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Internal Medicine 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 64 year old male who was injured on 06/10/1997. The mechanism of injury is unknown. Prior medication history included Cymbalta 60 mg, Diovan and Percocet 325 mg. The patient's medications as of 04/22/2014 included Cymbalta 60 mg, Ms-Contin 15 mg, Percocet 10/325 mg (visual analogue scale of 6/10 with medications and 10/10 without medications). Toxicology report dated 07/23/2014 revealed positive detection of Oxycodone and morphine confirming the prescribed medication Percocet and MS-Contin. Progress report dated 08/21/2014 indicated the patient presented with complaints of low back pain. He reported his quality of life has worsened and his quality of sleep is poor secondary to his pain. He reported constant aching, sharp pain with radiation to the right leg. He reported with his medications, his pain is relieved at about 51-60% giving it a rating of 7/10. At its best, his pain level is 6/10 and at its worse is 10/10. On exam, her reflexes of the bilateral upper extremities are 1+/2 and bilateral lower extremities are 1+/2. The patient is diagnosed with chronic pain syndrome, thoracic or lumbosacral neuritis or radiculitis, and osteoarthritis. He was recommended Percocet for breakthrough pain and Cymbalta 60 mg. Prior utilization review dated 09/08/2014 states the request for Percocet 10/325mg #90 is modified to certify 10/325 mg #45; and Cymbalta 60mg #60 is modified to Cymbalta 60 mg #45.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percocet (oxycodone & acetaminophen).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-96.

**Decision rationale:** The guidelines recommend chronic opioid therapy for chronic pain for patients who show improved analgesia, improved activities of daily living/level of functioning, no aberrant behavior, and no significant adverse effects. Additionally, there should be urine drug screening performed to ensure compliance. The interval between urine drug screenings is determined by the patient's risk for substance abuse, generally yearly for patients at low risk for abuse. The clinical documents provided show the patient has a significant improvement in analgesia with improved level of functioning and activities of daily living. There does not appear to be any aberrant behavior or significant adverse effects. The patient had a recent urine drug screen with findings consistent with the medication profile. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.

**Cymbalta 60mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta (duloxetine).

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

**Decision rationale:** The guidelines recommend Cymbalta as a first line option in the treatment of neuropathic pain, diabetic neuropathy, depression, and general anxiety disorder. From the clinical documents it appears the patient has a clinical component of neuropathic pain. The clinical notes document the patient has had a clinical benefit from the Cymbalta. His analgesia and ADLs are improved with his current medication regimen. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.