

<b>Case Number:</b>	CM14-0156217		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	11/27/1996
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 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 underlying date of injury in this case is 11/27/1995. The date of the utilization review under appeal is 09/18/2014. On 09/18/2014, the patient was seen in primary treating physician followup with a history of a failed lumbar surgery syndrome as well as back pain, myalgia, shoulder impingement syndrome, erectile dysfunction, and testosterone reduction due to opioid use. The patient reported ongoing pain made worse by lifting, sitting, bending, physical activity, standing, twisting, or weather. The patient was cognitively intact with no evidence of overmedication or addiction. The patient reported pain averaging 4/10 with medication, although specific pain without medication was not reported. The treating physician recommended continuing the patient's medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg tablets quantity #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation, Pain, Insomnia Treatment

**Decision rationale:** The Medical Treatment Utilization Schedule does not specifically discuss this medication. Official Disability Guidelines/Treatment in Workers' Compensation/Pain/Insomnia Treatment generally recommends pharmacological management of insomnia only after exhaustion of all other diagnostic and therapeutic strategies. This guideline specifically recommends Ambien for short-term use generally up to 10 days. The records and the guidelines do not support a rationale or indication for this medication on a chronic basis. The request is not medically necessary.

**Voltaren ER 100mg tablets quantity #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatories Page(s): 22.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on antiinflammatory medication, page 22, states antiinflammatories are the traditional first line of treatment to reduce pain and thus improve activity and functional restoration but that long-term use may not be warranted. This is a notably chronic case. The treatment guidelines anticipate documentation of risk versus benefit in order to support an indication for continuing ongoing antiinflammatory medication use. There is very limited such information documented. For this reason, the request is not medically necessary.

**Cymbalta 60mg capsules quantity #60 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines selective serotonin and norepinephrine reuptake inhibitors, Cymbalta Page(s): 15.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines discusses Cymbalta on page 15 under selective serotonin and norepinephrine reuptake inhibitors. This guideline supports this medication for numerous FDA-approved diagnoses including anxiety, depression, diabetic neuropathy, and fibromyalgia. The specific diagnosis of neuropathic pain and radiculopathy, which appear applicable in this case, are off-label diagnoses. Use of this medication off label may well be appropriate, although there should be documentation of efficacy of such treatment. The records contain very limited documentation of such efficacy, particularly when considering the chronicity of this injury overall. For this reason, at this time given the limited available clinical documentation, the request is not medically necessary.