

<b>Case Number:</b>	CM14-0158389		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	05/20/1997
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 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:

This 66 year-old patient sustained an injury on 5/20/1997 while employed by [REDACTED]. Request(s) under consideration include Vicodin 5/300mg #60 and Cymbalta 30mg #60. Diagnoses include Lumbago; lumbosacral degenerative changes/ radiating nerve pain to legs with radiculopathy symptoms; myofascial tension in lower back; non-industrial left knee pain; opioid induced constipation; and non-industrial diabetes. Report of 8/22/14 from the provider noted the patient with chronic ongoing low back pain rated at 7-8/10 decreased 50% with medications. Medications list Oxybutrin, Vicodin, Lyrica, Cymbalta, Docusate, magnesium oxide, aspirin, metformin, Benazepril, Felodipine, and Glipizide. There is limited sleeping with limitation in ADL. Exam showed antalgic gait; pain with lumbar flexion and rotation; tenderness and spasm in paravertebral muscles with myofascial trigger points with twitch response in lumbar paravertebral and piriformis muscles causing radiating pain into sacrum and sciatic nerve; tenderness at thoracic-lumbar junction, SI joint and piriformis muscles. The request(s) for Vicodin 5/300mg #60 and Cymbalta 30mg #60 was denied on 8/29/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/300mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management- Page(s): 74-96.

**Decision rationale:** Multiple previous peer reviews of 3/17/14, 4/18/14, 5/16/14 and latest on 7/21/14 modified the Vicodin request for weaning down to quantity of #21. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. Therefore Vicodin 5/300mg #60 is not medically necessary and appropriate.

**Cymbalta 30mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants, Page(s): 15.

**Decision rationale:** Per MTUS Chronic Treatment Pain Guidelines, selective serotonin reuptake inhibitors (SSRIs) such as Cymbalta (Duloxetine, a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline), are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain; however, more information is needed regarding the role of SSRIs and pain. Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia; Used off-label for neuropathic pain and radiculopathy; and is recommended as a first-line option for diabetic neuropathy; however, no high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy and more studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. Submitted reports have not adequately shown any previous failed trial of TCA or other first-line medications without specific functional improvement from treatment already rendered. The Cymbalta 30mg #60 is not medically necessary and appropriate.

