

<b>Case Number:</b>	CM14-0159745		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	12/01/2006
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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:

The injured worker is a 47-year-old female who reported an injury on 12/01/2006, due to increased pain from cumulative trauma to the neck, radiating to the right shoulder blade from her duties as a worked as a legal secretary. The injured worker complained of neck pain, lower back pain, and right shoulder pain. The injured worker had diagnoses of cervical disc degeneration, cervical disc disorder, cervical pain and cervical radiculopathy. The diagnostics included an MRI of the right shoulder, dated 10/21/2008, that revealed mild acromioclavicular degenerative changes with anterior downslope and intrasubstance tear to the supraspinatus tendon without full thickness tear. The electromyogram dated 04/29/2008, of the upper right extremity revealed normal findings. The MRI of the cervical spine dated 04/10/2007 revealed congenital fusion of the C2-3 vertebra bodies, trace of annular bulge at the C4-5, no evidence of superimposed central or foraminal stenosis. Past treatments included physical medicine, chiropractic therapy, physical therapy, and occupational therapy. The objective findings dated 08/20/2013 of the cervical spine revealed restricted range of motion with flexion limited at 25 degrees, and extension limited at 15 degrees. Spasms and tenderness noted to the paravertebral muscles, bilaterally. Tenderness was noted to the paracervical muscles. Spurling's maneuver caused pain in the muscle of the neck with no radicular symptoms. The right shoulder revealed a positive Hawkins. On palpation, tenderness was noted to the acromioclavicular joint and supraspinatus in infraspinatus. Neurological examination revealed the injured worker to be alert and oriented, without evidence of somnolence. Motor examination revealed 5/5 bilaterally to upper and lower extremities. Sensory examination revealed normal touch, pain, temperature, deep pressure, vibration, tactile location, and tactical discrimination. The injured worker was noted to have a Normal gait. Medications included Lidoderm 5% patch, Nuvigil 250, Cymbalta 30 mg, Soma, Voltaren 1%, OxyContin 30 mg, Cymbalta 60 mg, and Rozerem 8 mg. The injured worker rated her pain 5/10

with medication and 10/10 without medication using the VAS. The treatment plan included the oxycodone, Nuvigil, Rozerem, Cymbalta, Lidoderm, and Soma. The request for authorization dated 03/04/2014 was submitted with documentation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Oxycodone 30 mg, # 180, prescribed on 8/20/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The request for Retrospective request for Oxycodone 30 mg, 3 in AM, and 3 PM (DAW) mx 6 per day, # 180, prescribed on 8/20/14 is not medically necessary. The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication since 10/2013 indicating no efficacy. There is no documentation of objective functional improvement. The injured worker should be assessed for aberrant drug taking behavior and tapered with accordingly. The injured worker continues to present with complaints of neck and right shoulder pain, poor sleep quality, and activity limitation. Therefore, the request of Oxycodone 30 mg, # 180, prescribed on 8/20/14 is not medically necessary and appropriate.

**Nuvigil 250 mg # 30, prescribed on 8/20/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Armodafinil (Nuvigil).

**Decision rationale:** The Official Disability Guidelines indicate that Nuvigil is not recommended solely to counteract sedation effects of narcotics. Armodafinil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. Therefore, the injured worker does not meet criteria for the requested medication. There is also no frequency listed in the request. As such, the request of Nuvigil 250 mg # 30, prescribed on 8/20/14 is not medically necessary and appropriate.

**Rozerem 8 mg # 30, prescribed on 8/20/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus, Ramelteon (Rozerem) and on the Official Disability Guidelines (ODG) 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) Chronic Pain Chapter, Insomnia Treatment.

**Decision rationale:** The Official Disability Guidelines recommend insomnia treatment based on etiology. Empirically supported treatment includes stimulus control, progressive muscle relaxation, and paradoxical intention. There is no documentation of objective functional improvement despite the ongoing use of this medication. The injured worker has continuously utilized this medication since 10/2013. The injured worker continues to present with complaints of difficulty sleeping. As such, the request of Rozerem 8 mg # 30, prescribed on 8/20/14 is not medically necessary and appropriate.

**Cymbalta 30 mg # 30 with one refill prescribed on 8/20/14: Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines indicate that Cymbalta has been FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used off label for neuropathic pain and radiculopathy. As per the documentation submitted, the injured worker has continuously utilized this medication since 10/2013. There is no documentation of objective functional improvement or that the injured worker has a diagnosis of diabetic neuropathy or fibromyalgia. Therefore, the current request of Cymbalta 30 mg # 30 with one refill prescribed on 8/20/14 is not medically necessary and appropriate.

**Cymbalta 60 mg # 30 with one refill prescribed on 8/20/14: Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines indicate that Cymbalta has been FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used off label for neuropathic pain and radiculopathy. As per the documentation submitted, the injured worker has continuously utilized this medication since 10/2013. There is no documentation of objective functional improvement. Therefore, the current request of Cymbalta 60 mg # 30 with one refill prescribed on 8/20/14 is not medically necessary and appropriate.

**Lidoderm 5% patch # 30 with one refill, prescribed on 8/20/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** The California MTUS Guidelines indicate that lidocaine is indicated for neuropathic pain or localized peripheral pain after there has been evidence of a trial of first line therapy. There is no documentation of a failure to respond to tricyclic or SNRI antidepressants or an anticonvulsant prior to the initiation of topical lidocaine. Additionally, the injured worker has continuously utilized this medication since 10/2013 without any evidence of objective functional improvement. Therefore, the current request of Lidoderm 5% patch # 30 with one refill, prescribed on 8/20/14 is not medically necessary and appropriate.

**Soma 350 mg # 60, prescribed on 8/20/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** The California MTUS Guidelines indicate that muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. The injured worker has continuously utilized this medication since 10/2013. The guidelines do not recommend long term use of muscle relaxants. There is also no documentation of objective functional improvement. The injured worker continues to demonstrate paravertebral muscle spasm and tenderness. As such, the request of Soma 350 mg # 60, prescribed on 8/20/14 is not medically necessary and appropriate.