

<b>Case Number:</b>	CM14-0162906		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	05/13/2011
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 59-year-old female who reported an injury on 05/13/2011. The mechanism of injury was not submitted for this review. The injured worker's prior treatment history included medications, x-ray studies, epidural steroid injections, physical therapy sessions, and chiropractic sessions. The injured worker was evaluated on 10/15/2014 and it was documented the injured worker complained of low back pain which radiates across. The left side was worse than the right. Standing and walking was worse. Leaning forward was worse. She had back stiffness and spasms. She denies any changes with coughing, sneezing. She complains of radiation of pain to the left foot in a nonradicular pattern and radiation to the right lower calf in a nonradicular pattern. The injured worker had tingling, numbness that was very rare. The provider noted the injured worker stated without medications her pain was 8/10 and with medications her pain was 3/10 to 5/10 on the pain scale. The injured worker stated the medication usage decreases her pain. The injured worker stated her functionality was better and she had improved sleep pattern with medications. Physical examination revealed distress and mild discomfort. On physical examination of the neck her range of motion was slightly restricted in all directions. Spurling's sign was negative. Physical examination of the cervical spine revealed straight leg raise was normal and negative. She had facet tenderness. She was diffusely tender bilaterally in the lumbar region. Facet loading test was positive bilaterally. SI joint is nontender bilaterally. The sciatic notch tenderness was absent bilaterally. The cervical spine was restricted and painful. Medications included Cymbalta, Valium, Trazodone, baclofen, and continue Nucynta. Diagnoses included chronic pain syndrome, lumbar sprain/strain, and lumbago. The request for authorization was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 50mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the frequency or duration of medication. Moreover, there was lack of evidence of outcome measurements of conservative care such as, pain medication management and home exercise regimen outcome improvements noted for the injured worker. The documentation submitted for failed to include urine drug screen for opioid compliance. There were no long-term goals submitted for the injured worker. As such, the request for Nucynta 50mg #120 is not medically necessary.

**Duloxetine HCL DR 60mg #30 with two refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Cymbalta is recommended as an option in first line treatment for neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy with effect found to be significant by the end of week 1 (effect measured as a 30% reduction in baseline pain). The injured worker was stated to report a pain level of 3-5/10 with medications. The injured worker reported that with medication, she was able to get dressed in the morning and perform minimal activities at home. There was a lack of documentation regarding significant pain relief and objective functional improvement with the use of Cymbalta. In addition, the guidelines state that tricyclic antidepressants are generally considered a first line agent. The request submitted failed to include frequency and duration of medication. As such, the request for Duloxetine HCL DR 60mg #30 with two refills is not medically necessary.

**Duloxetine HCL DR 30mg #30 with two refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Cymbalta is recommended as an option in first line treatment for neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy with effect found to be significant by the end of week 1 (effect measured as a 30% reduction in baseline pain). The injured worker was stated to report a pain level of 3-5/10 with medications. The injured worker reported that with medication, she was able to get dressed in the morning and perform minimal activities at home. There was a lack of documentation regarding significant pain relief and objective functional improvement with the use of Cymbalta. In addition, the guidelines state that tricyclic antidepressants are generally considered a first line agent. The request submitted failed to include frequency and duration of medication. As such, the request for Duloxetine HCL DR 30mg #30 with two refills is not medically necessary.

**Baclofen 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle relaxants

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant Page(s): 63-64.

**Decision rationale:** According California (MTUS) Chronic Pain Medical Guideline recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. The guideline also states that Baclofen It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non- FDA approved. The documentation submitted lacked evidence of outcome measurements of conservative care such as prior physical therapy sessions and medication pain management. There was lack of documentation provided on his long term-goals of functional improvement of her home exercise regimen. In addition, the request lacked frequency, and duration of the medication. As such, the request for Baclofen 10mg #30 is not medically necessary.