

<b>Case Number:</b>	CM14-0169826		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	02/15/2010
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Occupational 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 injured worker is a 56 year old male with a date of injury on 2/15/2010. He has history of anterior cervical fusion (2012), temporomandibular joint (TMJ) symptoms due to neck pain, and history of cervical epidural steroid injections with poor results. Prior treatments include X-rays, magnetic resonance imaging (MRI) scans, computed tomography (CT)-scan, electromyography/nerve conduction velocity (EMG/NCV), physical therapy and exercises. Thoracic computed tomography (CT)-scan records dated 11/25/2013 documents mild to moderate disc degenerative changes at T7-T8 greater than T5-T6. There is no osseous encroachment upon the central canal or neural foramina. Urine drug screening results dated 8/25/2014 documents that he was positive for hydrocodone, norhydrocodone, and hydromorphone. Per 9/17/2014 records, the injured worker complained of pain in the head, neck, upper back, left shoulder, left elbow, left wrist and left hand with radiation to the left arm. He also complained of pain in the mid back and lower back. Pain was associated with tingling and numbness in the left hand/fingers as well as weakness. He described his pain as constant and moderate to severe. He rated his pain as 7-8/10 and described it as sharp, dull, aching, and burning with muscle pain and sweating. Pain was aggravated by lying down and prolonged standing, sitting, and reaching. He stated that his symptoms have been unchanged since his injury. Pain in his neck was 90% of his pain and the arm pain was 10%. Cervical spine examination revealed limited range of motion in all planes. Tenderness was noted over the bilateral superior trapezius. Reflexes were symmetric at 1+4/ in the bilateral upper extremities. He is diagnosed with (a) post-laminectomy syndrome of the cervical region and (b) chronic pain syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patch 5% quantity 1.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics SNRI serotonin noradrenaline reuptake inhibitors Page(s): 111 105.

**Decision rationale:** Evidence-based guidelines indicate that Lidocaine patches are indicated for neuropathic pain (localized peripheral pain) after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin norepinephrine reuptake inhibitors [SNRI] anti-depressant or an anti-epileptic drug [AED] such as Gabapentin or Lyrica. In this case, the clinical presentation of the injured worker apparently indicated neuropathic pain based on the pain description provided by the injured worker. However, records do not indicate that first-line therapy has been tried and failed. Interestingly, there is a concurrent request of Cymbalta, an serotonin norepinephrine reuptake inhibitors (SNRI) anti-depressant, which is also the first-line therapy for neuropathic pain. Based on the above presented reasons, the medical necessity of the requested Lidoderm patch 5% is not established.

**Norco 10/325 mg quantity 1.00: 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): 76-80.

**Decision rationale:** Guidelines generally do not recommend opioids to be utilized in the long-term. However, if opioids are to be used in the long-term certain requirements must be satisfied to warrant authorization of ongoing management (e.g. documentation of analgesia including duration) or continued use of opioids. This includes proof of significant decrease in pain levels as well as documentation of significant improvements in functional activities (including return to work). In this case, records indicate that the injured worker's condition has not changed since he sustained his work-related injuries. Moreover, his records indicate that his intake of Norco has increased to 4 times per day as compared with prior records indicating that he takes Norco 3-4 times. His pain levels prior were indicated at 5/10 however his most current records now indicate that his pain levels are rated at 7-8/10. Based on this information, it indicates that the pain of this injured worker is not sufficiently controlled by his current medication including Norco. There is no indication of any significant functional improvements as well as indication of a flare-up or breakthrough pain. Additionally, he has not returned to work. Hence, the clinical presentation of the injured worker does not satisfy the requirements of evidence-based guidelines. Hence, the medical necessity of the requested Norco 10/325 mg is not established.

**Cymbalta 30 mg, twice a day quantity 1.00: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Pain Mechanisms Page(s): 13-15 3.

**Decision rationale:** Evidence-based guidelines indicate that Cymbalta (duloxetine), a serotonin-norepinephrine reuptake inhibitor (SNRI), is Food and Drug Administration (FDA)-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is off-label for neuropathic pain and radiculopathy however there is no high quality evidence is reported to use for lumbar radiculopathy and more studies are needed to determine the efficacy for other types of neuropathic pain. In this case, the injured worker is noted to report worsening of his symptoms that involves multiple body parts. However, it should be noted that the injured worker described his pain with radiation and produced burning-like sensations. Apart from this, there is reduction in deep tendon reflexes. This presentation is most likely to be neuropathic in nature. Based on evidence-based guidelines, neuropathic pain is characterized by symptoms such as lancinating, electric shock-like, paroxysmal, tingling, numbing and burning sensations that are distinct from nociceptive pain. Due to evidence of neuropathic pain, the clinical presentation of the injured worker meets the indications for Cymbalta as this medication is primarily indicated for treatment of neuropathic pain which based on the records the injured worker has. Because of this confirmation regarding neuropathic pain, the medical necessity of the requested Cymbalta 30 mg twice a day is established.