

<b>Case Number:</b>	CM14-0020232		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	01/16/2006
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Texas and Oklahoma. 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 61-year-old male who reported an injury on 01/16/2006 due to a fall off a ladder. The injured worker's treatment history included physical therapy, medial branch blocks, radiofrequency ablation, and medications. The injured worker was evaluated on 01/24/2014. It was noted that the injured worker had continued low back pain. Physical findings included restricted range of motion of the lumbar spine and restricted range of motion of the cervical spine. The injured worker had decreased motor strength in the right upper extremity rated at a 3/5. The injured worker had tenderness to palpation over the L3-4, L4-5, and L5-S1 facet capsules bilaterally. The injured worker's diagnoses included low back pain and shoulder pain. The injured worker's treatment plan included continuation of medications to include Cymbalta and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF CYMBALTA 30MG, #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, and Medications for Chronic Pain Page(s): 13, 60.

**Decision rationale:** The requested prescription of Cymbalta 30mg #30 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend the use of antidepressants as a first-line medication in the management of chronic pain. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 2008. The California MTUS recommends medications used in the management of chronic pain be supported by documented functional benefit and evidence of pain relief. The clinical documentation submitted for review does not provide any evidence of significant functional benefit or pain relief related to medication usage. Therefore, continued use of this medication would not be supported. Furthermore, the request as it is submitted does not provide a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Cymbalta 30mg #30 is not medically necessary or appropriate.

**PRESCRIPTION OF NORCO 10/325MG, #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS-SPECIFIC DRUG LIST.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The requested prescription of Norco 10/325 mg #45 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documentation of functional benefit, a quantitative assessment of pain relief, evidence that the injured worker is monitored for aberrant behavior, and documentation of functional benefit. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication since at least 2008. However, there is no documentation of a quantitative assessment of pain relief or documentation of functional benefit. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the prescription of Norco 10/325mg #45 is not medically necessary or appropriate.