

<b>Case Number:</b>	CM14-0020900		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	09/07/2012
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 Internal Medicine has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 54 year old male with date of injury 9/7/2012. The mechanism of injury is not stated in the available medical records. The patient has complained of low back pain and left lower extremity pain since the date of injury. He has had a left hemilaminectomy at L5-S1 in 04/2013. He has also been treated with physical therapy and medications. CT of the lumbar spine performed in 09/2013 revealed L5-S1 pedicle screws in place, evidence of left hemilaminectomy at L5-S1 and disc disease at L3-L5. Objective: tenderness of the lumbar spine paraspinal musculature bilaterally, decreased sensation of the left L4, L5, S1 dermatomes. Diagnoses: lumbago, lumbar disc disease. Treatment plan and request: Cymbalta, Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYMBALTA 30MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CYMBALTA Page(s): 44.

**Decision rationale:** This 54 year old male has complained of lower back pain and left lower radicular pain since date of injury 9/7/2012. He has been treated with surgery, physical therapy

and medications, The current request is for Cymbalta. Per the MTUS guideline cited above, Cymbalta (Duloxetine) is indicated as a first line treatment for depression, anxiety and the treatment of pain related to diabetic neuropathy. There is no documentation in the available medical records supporting any of these diagnoses. Per the MTUS, Cymbalta is not medically necessary.

**NORCO 10/325MG #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use, Opioids Page(s): 76-85, 88-89.

**Decision rationale:** This 54 year old male has complained of lower back pain and left lower radicular pain since date of injury 9/7/2012. He has been treated with surgery, physical therapy and medications to include Norco since at least 08/2013. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco 10/325 is not medically necessary and appropriate.