

<b>Case Number:</b>	CM14-0024720		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	07/07/1999
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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, has a subspecialty in Interventional Spine, 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 patient is a 66 year old female with an injury date of 07/07/99. Based on the 02/19/14 progress report provided by treating physician, the patient complains of right knee pain, and pain from the buttock area going down to calf and foot. She has had 3 intraarticular injections with moderate relief of 50-60%. Patient's gait is altered to the right. Physical examination revealed tenderness to palpation to quadratus lumborum region and weakness in the sciatic nerve distribution on the right more so than the left. Sensory examination in the lower extremities revealed paresthesias and hypesthesias along the lateral aspect of the right thigh and right leg. Deep tendon reflexes are hyper-reflexive at the patella and ankle. Examination of the right knee revealed trace effusion. Positive McMurray's and patella compression tests on the right. Regarding Cymbalta, treater states, "She had previously been taking Cymbalta, the non-generic form, which has been helpful and effective for her. Cymbalta is clinically indicated for chronic pain, particularly back pain as a SNRI. It is also good for neuropathic pain, which she has been having problems with the sciatic nerve." Cymbalta was prescribed in progress reports dated 02/12/14 and 02/19/14. Treater states in progress report dated 02/19/14, "Given the fact that she has been taking Norco 10/325 mg for breakthrough pain, the patient has opioid-related constipation. A stool softener is medically reasonable for her in this clinical setting as it relates to her work-related injury. We tried generic equivalents of the medication. She tried medication over-the-counter on her own in the past and they were not as effective for her, so she has failed that." Norco has been prescribed in progress reports dated 11/06/13 and 02/19/14. Per Request for Authorization form dated 02/05/14, Djloxetin DR is requested for the diagnosis of shoulder strain, impingement shoulder. Patient is retired. Diagnosis 02/19/14, 1) Right rotator cuff syndrome, bursitis, 2) Rotator cuff tear on the right 3) Right knee internal derangement, 4)

Sciatic neuropathy, compensable for an altered gait. The utilization review determination being challenged is dated 02/12/14. The rationale for Duloxetine was "no documentation of specific neuropathic pain on examination findings." DOC Q Lace and Polyethylene Glycol were certified. Treatment reports were provided from 02/08/12 - 02/19/14.

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

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

**DJoxetine DR 30 mg, #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) Page(s): 16-17.

**Decision rationale:** The patient presents with right knee pain and pain from the buttock area going down to calf and foot. The request is for DJOXETINE [duloxetine] DR 30MG, #30. Patient has had 3 intraarticular injections to the right knee with moderate relief of 50-60%. Per Request for Authorization form dated 02/05/14, Djloxetin DR is requested for the diagnosis of shoulder strain, impingement shoulder. Cymbalta was prescribed in progress reports dated 02/12/14 and 02/19/14. Patient is retired. For Cymbalta, the MTUS guidelines pg16, 17 states, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy." MTUS page 60 also states, "A record of pain and function with the medication should be recorded." Per progress report dated 02/19/14, treater states, "She had previously been taking Cymbalta, the non-generic form, which has been helpful and effective for her. Cymbalta is clinically indicated for chronic pain, particularly back pain as a SNRI. It is also good for neuropathic pain, which she has been having problems with the sciatic nerve." UR letter dated 02/12/14 stated, "no documentation of specific neuropathic pain on examination findings." However, physical examination on 02/19/14 revealed, tenderness to palpation to quadratus lumborum region and weakness in the sciatic nerve distribution on the right more so than the left. Sensory examination in the lower extremities revealed paresthesias and hypesthesias along the lateral aspect of the right thigh and right leg. Patient's diagnosis dated 02/19/14 included sciatic neuropathy, compensable for an altered gait. Treater has documented neuropathic pain, radiculopathy, and efficacy of the medication. The request meets guideline indications and therefore is medically necessary.

**Doc Q Lace 100 MG, #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**Decision rationale:** The patient presents with right knee pain and pain from the buttock area going down to calf and foot. The request is for DOC Q LACE 100MG, #30. Patient's diagnosis dated 02/19/14 included right rotator cuff syndrome, bursitis, right rotator cuff tear, right knee internal derangement, and sciatic neuropathy, compensable for an altered gait. Patient has had 3 intraarticular injections with moderate relief of 50-60%. Physical examination on 02/19/14 revealed, tenderness to palpation to quadratus lumborum region and weakness in the sciatic nerve distribution on the right more so than the left. Sensory examination in the lower extremities revealed paresthesias and hypesthesias along the lateral aspect of the right thigh and right leg. Patient is retired. Regarding constipation, MTUS Chronic Pain Medical Treatment Guidelines, page 77, states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states "Opioid induced constipation is a common adverse side effect of long-term opioid use." Treater states in progress report dated 02/19/14, "Given the fact that she has been taking Norco 10/325 mg for breakthrough pain, the patient has opioid-related constipation. A stool softener is medically reasonable for her in this clinical setting as it relates to her work-related injury. We tried generic equivalents of the medication. She tried medication over-the-counter on her own in the past and they were not as effective for her, so she has failed that." Norco has been prescribed in progress reports dated 11/06/13 and 02/19/14. The MTUS recognizes constipation as a common side effect of chronic opiate use. The request is medically necessary.

**Polyeth Glycol 3350 NF Powder:** Overtuned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**Decision rationale:** The patient presents with right knee pain and pain from the buttock area going down to calf and foot. The request is for Polyeth Glycol 3350 NF Powder. Patient's diagnosis dated 02/19/14 included right rotator cuff syndrome, bursitis, right rotator cuff tear, right knee internal derangement, and sciatic neuropathy, compensable for an altered gait. Patient has had 3 intraarticular injections with moderate relief of 50-60%. Physical examination on 02/19/14 revealed, tenderness to palpation to quadratus lumborum region and weakness in the sciatic nerve distribution on the right more so than the left. Sensory examination in the lower extremities revealed paresthesias and hypesthesias along the lateral aspect of the right thigh and right leg. Patient is retired. Regarding constipation, MTUS Chronic Pain Medical Treatment Guidelines, page 77, states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states "Opioid induced constipation is a common adverse side effect of long-term opioid use." Treater states in progress report dated 02/19/14, "Given the fact that she has been taking Norco 10/325 mg for breakthrough pain, the patient has opioid-related constipation. A stool softener is medically reasonable for her in this clinical setting as it relates to her work-related injury. We tried generic equivalents of the medication. She tried medication over-the-counter on her own in the past and they were not as effective for her, so she has failed that." Norco has been prescribed in progress reports dated 11/06/13 and 02/19/14. The MTUS

recognizes constipation as a common side effect of chronic opiate use. The request is medically necessary.