

<b>Case Number:</b>	CM14-0026232		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	05/07/2007
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/01/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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 38 year old female who was injured on May 7, 2007. The patient continued to experience chronic back pain with right leg sciatica. Physical examination was notable for right buttock and posterior thigh pain with straight leg raise, and normal range of motion of the cervical spine. Diagnoses included status post L4-S1 spinal fusion, intractable pain syndrome, and status post spinal cord stimulator. Treatment included spinal cord stimulator and medications. The patient had a history of substance abuse. Requests for authorization for suboxone 8 mg # 30 with 2 refills and Cymbalta 60 mg # 30 with 2 refills were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SUBOXONE 8MG #30 2 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 26-27.

**Decision rationale:** Suboxone is the drug buprenorphine, a schedule III substance with partial agonist activity at the morphine receptors and antagonisg activity at the receptors thought to

produce alterations in the perception of pain. It is recommended as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). In this case the patient's history of drug rehabilitation qualifies her for suboxone use. There is documentation that the patient has signed an opioid contract and participated in urine drug screening. However, the patient has a history of addictive behavior and the current request is for suboxone with 2 refills. Her opioid use should be followed closely with monthly urine drug testing and medication refills if the opioid contract is honored. Therefore, the request is not medically necessary and appropriate.

**CYMBALTA 60MG #30 2 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 15-16.

**Decision rationale:** Cymbalta is the drug duloxetine, a selective serotonin and norepinephrine reuptake inhibitor (SNRI). It is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia and used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. In this case the patient did not suffer from diabetic neuropathy or fibromyalgia. In addition the patient had already been prescribed Pristiq, another SNRI. There is no documentation the patient was instructed to discontinue the Pristiq. It is not clear if the patient was prescribed two medications with similar mechanisms of action. The request is not medically necessary and appropriate.