

<b>Case Number:</b>	CM14-0032405		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/30/2000
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 66-year-old female who reported an injury on 08/30/2000. The mechanism of injury was not provided for clinical review. The diagnoses included displacement of thoracic/lumbar intervertebral discs without myelopathy, post laminectomy syndrome, lumbosacral spondylosis, and chronic pain syndrome. Prior treatments include gentle stretching, heat packs, and medication. Within the clinical note dated 02/16/2014, it was reported that the injured worker complained of persistent low back pain referring down to the right lower extremity as well as buttock area. She reported tingling and numbness in the right leg. The injured worker rated her pain at 5/10 in severity. Upon the physical exam of the lumbar spine, the provider noted positive bilateral facet loading. The range of motion was limited to extension and side bending bilaterally. The provider requested MS Contin ER, Norco, and Cymbalta. However, a rationale was not provided for clinical review. The request for authorization was submitted and dated on 02/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin ER 15mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for MS Contin ER 15 mg #60 is non-certified. The injured worker complained of persistent low back pain referring down to her right lower extremity as well as buttock area. She complained of tingling and numbness in the right leg. She rated her pain 5/10 in severity. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The Guidelines note a pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The Guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The injured had been utilizing the medication since at least February 2014. The provider did not document an adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the medication had been providing objective functional benefit and improvement. The request submitted failed to provide the frequency of the medication. Additionally, the use of a urine drug screen was not provided in the documentation submitted. Therefore, the request for MS Contin ER 15 mg #60 is non-certified.

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for Norco 10/325 mg #90 is non-certified. The injured worker complained of persistent low back pain referring down to her right lower extremity as well as buttock area. She complained of tingling and numbness in the right leg. She rated her pain 5/10 in severity. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The Guidelines note a pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The Guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. The injured worker had been utilizing the medication since at least February 2014. There is a lack of documentation indicating the medication had been providing objective functional benefit and improvement. The request submitted failed to provide the frequency of the medication. Additionally, the use of a urine drug screen was not provided in the documentation submitted. Therefore, the request for Norco 10/325 mg #90 is non-certified.

**Cymbalta 60mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43.

**Decision rationale:** The request for Cymbalta 60 mg #30 is non-certified. The injured worker complained of persistent low back pain referring down to her right lower extremity as well as buttock area. She complained of tingling and numbness in the right leg. She rated her pain 5/10 in severity. The California MTUS Guidelines recommend Cymbalta as an option in first line treatment of neuropathic pain. It has FDA approval for treatment of depression, generalized anxiety disorder, and for treatment of pain related to diabetic neuropathy. The Guidelines note antidepressants are recommended as an option for radiculopathy. The injured worker had been utilizing the medication since at least February 2014. There was a lack of documentation indicating the injured worker has signs and symptoms or is diagnosed with neuropathic pain. There is a lack of documentation indicating the injured worker is treated for depression, generalized anxiety disorder, or pain related to diabetic neuropathy. The request submitted failed to provide the frequency of the medication. Therefore, the request for Cymbalta 60 mg #30 is non-certified.