

<b>Case Number:</b>	CM14-0044580		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	12/01/2010
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 Family Medicine and is licensed to practice in New Jersey & 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 injured worker is a 47 year-old male who was injured on 12/1/10 by undocumented mechanism. He complained of left shoulder pain with weakness, numbness, and pain in the both arms. He also complained of cervical pain. On exam, he had a tender left shoulder with decreased range of motion and decreased strength and tender cervical spine. X-rays of his cervical spine showed retrolisthesis of flexion and x-rays of his shoulder shows osteoarthritis of the left glenohumeral joint and acromioclavicular joint. A left shoulder MRI showed mild partial tear at infraspinatus and muscular tendinosis. MRI of the cervical spine showed multilevel disc bulging. He was diagnosed with chronic cervical pain, cervicogenic migraine. An epidural steroid injection was recommended but could not be arranged. His surgical history was not provided. His medications included Cymbalta, Naprosyn, and topical analgesic. As per the chart summary, the patient was suffering from side effects from the medications. Nucynta improved pain but was not approved. He had side effects with Vicodin. He used a Butrans patch previously. The current request is for Duragesic patch and continued Cymbalta and Naprosyn.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duragesic Patch 12mg apply one patch q3d #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Duragesic, Fentanyl.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic, Fentanyl Page(s): 44, 47.

**Decision rationale:** The request is considered not medically necessary. According to MTUS, Fentanyl is a strong opioid, eighty times more potent than Morphine. The transdermal patch of Fentanyl is not first-line therapy and is FDA-approved for the management of chronic pain in patients requiring continuous opioid analgesia for pain that cannot be managed by other means. The chart states that that patient had side effects with Vicodin, but had pain relief with Nucynta which was not approved. He was also on Butrans at one point. There was no clear documentation that the patient required continuous opioid analgesia that would benefit from a transdermal patch of an opioid as strong as Fentanyl. The chart states that the patient was suffering from side effects from medication but was not clear on which medications and what side effects specifically. The limited chart needed more clear documentation. At this point, the request is considered not medically necessary

**Cymbalta 60mg cap 1 po q day #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

**Decision rationale:** The request is considered medically necessary. The patient has cervical and shoulder pain radiating to arms. Cymbalta is recommended for neuropathic pain and radiculopathy which the patient has. His medications reduced the pain by 50% and increased functional capacity but this was not specifically described objectively. The chart stated that the patient had side effects to some medications. The only medication documented to induce side effects was Vicodin, but the effects were not documented. It is unclear if the patient has side effects to Cymbalta, but at this point, the patient's pain is 50% reduced with his current regimen and because the opioids will not be approved, it is considered medically necessary for the patient to continue Cymbalta at this point.

**Naprosyn 500 mg 1 po bid #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 13-16, 44,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** The request for Naproxen is medically unnecessary. NSAIDs are recommended at the lowest dose for the shortest duration. The patient's neck and shoulder pain have been treated with NSAIDs, but there was no documentation of objective functional improvement. The patient was on Cymbalta, NSAIDs, and topical analgesic but it is unclear which is contributing to his decrease in pain. He is also listed to have side effects from

medications but these were not clearly documented. NSAIDs come with many risk factors including renal dysfunction and GI bleeding. Therefore, long-term chronic use is unlikely to be beneficial. Because of these reasons, the request is considered medically unnecessary.