

<b>Case Number:</b>	CM14-0052765		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	05/03/2001
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 53-year-old male who has submitted a claim for failed back syndrome, myofascial pain, severe depression and suicidal ideation associated with an industrial injury date of May 3, 2001. The medical records from 2012 through 2014 were reviewed, which showed that the patient complained of chronic low back pain. Physical examination showed that the patient stood erect with flattening of his lumbar lordosis and well-healed scar on the back. There was a marked spasm of the quadratus lumborum bilaterally, extending into the gluteal region. The treatments to date has included physical therapy, TENS unit, exercise program, Oxycontin, Norco, Senna-S, Klonopin, Cymbalta, Remeron, Pristiq, Lexapro, Xanax, Topamax, Soma and Norco. The utilization review from April 7, 2014 denied the request for Cymbalta 60 mg # 30 and Naproxen 500 mg #60 because there was no clear documentation for prescribing these drugs. In addition, the request for Norco 5-325mg # 90 was also denied because psychiatric evaluation should be done for further evaluation and recommendation of the patient's psychiatric issues.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60 mg # 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 Antidepressants for Chronic Pain Page(s): 15-16.

**Decision rationale:** As indicated on pages 15-16 of CA MTUS Chronic Pain Medical Treatment Guidelines, Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It's used off-label for neuropathic pain and radiculopathy, and is recommended as a first-line option for diabetic neuropathy. In this case, the patient has been taking Cymbalta since June 2012 however there was no clear indication for its use. There is likewise no objective evidence of functional improvement derived from Cymbalta. The medical necessity cannot be established due to insufficient information. Therefore, the request for Cymbalta 60mg #30 is not medically necessary.

**Norco 5-325mg # 90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78-81.

**Decision rationale:** As indicated on pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The monitoring of these outcomes over time should affect therapeutic decision and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been on Norco since 2012. Documents reviewed showed that the patient had signs of opioid dependence as stated on progress note dated June 11, 2012. In addition, the medical records did not clearly reflect continued analgesia, continued functional benefit or a lack of adverse side effects. The MTUS Guidelines require clear and concise documentation for ongoing management. Likewise, the guidelines suggest that prescription should only be obtained from a single physician, and patient receives opioid from multiple providers therefore, the request for Norco 5/325mg #90 is not medically necessary.

**Naproxen 500 mg # 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 NSAIDs Page(s): 66.

**Decision rationale:** As indicated on page 66 of the CA MTUS Chronic Pain Medical Treatment Guidelines, naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and there is no evidence of long-term effectiveness for pain or function. In this case, the patient has been prescribed Naproxen since at least March 2013, which is beyond what the guideline suggests. In addition, there was no documentation of functional improvement in the documents submitted. The request also did not specify the frequency of the treatment. Therefore, the request for Naproxen 500mg #60 is not medically necessary.