

<b>Case Number:</b>	CM14-0070188		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	05/03/2001
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 54 year old male with an injury date of 05/03/01. Based on the 04/17/14 progress report provided by [REDACTED], the patient complains of feeling horrible and is on edge. He has negative thoughts presenting as voices and is psychiatrically disordered. The 03/19/14 report states that the patient also has chronic low back pain which radiates to his right side. The pain is an 8/10 and is described as aching, throbbing, stabbing, piercing, and sharp. As part of the past treatment to date, the patient describes pain medication as improving his condition. The utilization review determination being challenged is dated 05/01/14. [REDACTED] is the requesting provider, and he provided three treatment reports from 09/19/14, 04/17/14, and 05/19/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60 mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** According to the 04/17/14 report by [REDACTED], the patient complains of not feeling well and is on edge. He also has chronic low back pain which radiates to his right side. The request is for Cymbalta 60 mg #30. For Cymbalta, the MTUS guidelines page 16-17 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. In this case, the patient is prescribed Cymbalta for his psychiatric disorders. Regarding Cymbalta, [REDACTED] states that The medication is needed to at least stabilize the patient until we can get more definitive treatment. Therefore, request for Cymbalta 60 mg #30 is medically necessary and appropriate.

**Norco 5/325 mg #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 Medications for chronic pain Page(s): 60-61.

**Decision rationale:** According to the 04/17/14 report by [REDACTED], the patient complains of not feeling well and is on edge. He also has chronic low back pain which radiates to his right side. The request is for Norco 5/325 mg #90. The patient has been taking Norco as early as 03/19/14. None of the reports indicate how Norco has impacted the patient. For chronic opiate use, the MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale, validated instrument at least once every six months, and documentation of the 4A (analgesia, ADLs, adverse side effects, and adverse behavior). Documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. is also required. There are no discussions regarding any functional improvement specific to Norco use, nor do any of the reports discuss any significant change in ADLs. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. Therefore, the request for Norco 5/325 mg #90 is not medically necessary.

**Naproxen 500 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22, 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60-61.

**Decision rationale:** According to the 04/17/14 report by [REDACTED], the patient complains of not feeling well and is on edge. He also has chronic low back pain which radiates to his right side. The request is for Naproxen 500 mg #60. The patient has been taking Naproxen as early as 03/19/14. Review of the reports does not provide any discussion regarding use of Naproxen. MTUS Guidelines support use of NSAIDs for chronic low back pain per page 22. For medication use in chronic pain, MTUS page 60 also requires documentation of pain assessment and function

as related to the medication used. In this case, there is lack of any documentation regarding what Naproxen has done for this patient's pain and function. Therefore, the request for Naproxen 500 mg #60 is not medically necessary.