

<b>Case Number:</b>	CM14-0093035		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	02/01/2006
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 Occupational Medicine 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:

Injured worker is a female with date injury 2/1/2006. Per pain management progress note dated 4/21/2014, the injured worker complains of low back pain and neck pain. She reports continued varied aching constant low back pain and neck pain with is 6/10 today and has ranged 4-9/10 over the past two weeks, which has been exacerbated at times by yardwork. She has constant aching pain of neck and low back and has had increasing occurrence of waking with painful numbness of both forearms and hands, right worse than left. She reports nearly daily cervicogenic headaches with neck pain radiating as spasms into interscapular area and over shoulders and she points to bilateral trapeziia and levator scapulae to locate pain. She explains that trigger point injections and chiropractic care in the pas have reduced this pain by 50% and increased her activity tolerance and decreased medication need. On examination she has a normal gait. Cervical spine has full range of motion with no tenderness to palpation. Lumbar spine has no tenderness to palpation and negative straight leg raise. Lumbar flexion is 20 degrees and hurts her sacral area. Extension is 15 degrees and bending to the right 15 degrees also causes pain. Diagnoses include 1) lumbar radiculopathy 2) hip pain 3) lumbosacral radiculopathy 3) reactive depression (situational) 4) gastroesophageal reflux disease.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request of Norco 10/325mg #120, 3 Refills, DOS 4/21/2014: 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 section, Weaning of Medications section, Page(s): 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The requesting physician reports that pain medications are helpful, but there is no indication in the history or exam that there has been any significant benefit with the use of Norco. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Retrospective request of Norco 10/325mg #120, 3 Refills, DOS 4/21/2014 is not medically necessary.

**Retrospective request of Cymbalta 30mg, #60, 3 Refills DOS 4/21/2014: 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 section, Page(s): page(s) 13-16.

**Decision rationale:** Antidepressant for chronic pain are recommended by the MTUS Guidelines as a first line option for neuropathic pain and as a possibility of non-neuropathic pain. Cymbalta is a selective serotonin and norepinephrine reuptake inhibitor (SNRI) that is FDA approved for anxiety, depression, diabetic neuropathy and fibromyalgia. Off label uses include neuropathic pain and radiculopathy. There is no high quality evidence to support the use of Cymbalta for lumbar radiculopathy. The requesting physician reports that pain medications are helpful, but there is no indication in the history or exam that there has been any significant benefit with the use of Cymbalta. She has been diagnosed with reactive depression, but there is no assessment of depression or the efficacy of this medication for pain or mood. The request for Retrospective Request of Cymbalta 30mg, #60, 3 refills DOS 4/21/2014 is not medically necessary.

**Retrospective request of Neurontin 300mg, #120, 3 refills, DOS 4/21/2014: 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 Antiepilepsy Drugs Page(s): 16-21.

**Decision rationale:** The MTUS Guidelines recommend the use of antiepilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of antiepilepsy drugs for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of antiepilepsy drugs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of antiepilepsy drugs depends on improved outcomes versus tolerability of adverse effects. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. The requesting physician reports that pain medications are helpful, but there is no indication in the history or exam that there has been any significant benefit with the use of Neurontin. Although the injured worker has a diagnosis of lumbar radiculopathy and lumbosacral radiculopathy, there is no indication of radicular symptoms or findings within the history or physical exam. Neurontin is recommended for the use of neuropathic pain, but it is not clear that the injured worker has any neuropathic pain. The request for Retrospective Request of Neurontin 300mg, #120, 3 refills, DOS 4/21/2014 is not medically necessary

**Retrospective request of Norflex 100mg, #60, 3 refills, DOS 4/21/2014:** 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 Muscle Relaxants Page(s): 63-65.

**Decision rationale:** Non-sedating muscle relaxants (for pain) are recommended by the MTUS Guidelines with caution for short periods for treatment of acute exacerbations of chronic low back pain, but not for chronic or extended use. In most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Norflex is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgic and anticholinergic properties. The request for Retrospective Request of Norflex 100mg, #60, 3 Refills, DOS 4/21/2014 is not medically necessary.