

<b>Case Number:</b>	CM14-0097514		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/31/2007
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 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 injured worker is a 38-year-old female who reported an injury after falling off a truck on 07/31/2007. On 07/16/2014, her diagnoses included post lumbar laminectomy syndrome, lumbar facet syndrome, and lumbar disc disorder. Her complaints included lower back pain which she rated at 4/10 with medications and 8/10 without. She stated that she felt that her medications were working well. Her medications included Celebrex 200 mg, Soma 350 mg, Norco 10/325 mg for moderate to severe pain, Cymbalta 30 mg for pain and decreased mood secondary to pain, and Neurontin 300 mg for neuropathic pain management. The submitted documentation revealed that this worker had been taking the above medications since 03/18/2014. The rationale for her medications was that the current regimen of medications optimized her function and activities of daily living. She still had pain symptoms on a continuous basis, but they were alleviated somewhat by her medications. It was noted that she had an anaphylactic reaction to Celebrex which required use of an EpiPen. There was no Request for Authorization included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**cYMBALTA 30MG, #30 WITH ONE REFILL.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants For Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16..

**Decision rationale:** MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, change in use of other analgesic medications, sleep quality and duration, and psychological status. Side effects, including excessive sedation, should also be assessed. Long term effectiveness of antidepressants has not been established. Cymbalta is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is used off label for neuropathic pain and radiculopathy. Cymbalta is recommended as a first line option for diabetic neuropathy. No high quality evidence is reported to support the use of Cymbalta for lumbar radiculopathy. More studies are needed to determine the efficacy of Cymbalta for other types of neuropathic pain. Cymbalta is an SNRI antidepressant. There is no evidence in the submitted documentation that this worker had failed trials of tricyclic antidepressants being ineffective or poorly tolerated. There was no quantifiable assessment of treatment using Cymbalta including pain outcomes, evaluation of function, changes in use of other analgesic medications, sleep quality and duration, or psychological status. The clinical information submitted failed to meet the evidence based guidelines for antidepressants for chronic pain. As such, the request is not medically necessary.

**Neurontin 300Mg, #90.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-convulsant for Nerve Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), and Gabapentin (Neurontin) Page(s): 16-22, 49.

**Decision rationale:** MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain, primarily postherpetic neuralgia and painful polyneuropathy, with diabetic polyneuropathy being the most common example. A good response for the use of anti-epileptic medications has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. Neurontin has also been recommended for complex regional pain syndrome. There is no documentation that this injured worker had complex regional pain syndrome or postherpetic neuralgia. Additionally, there was no frequency of administration included with the request. Therefore, this request for Neurontin 300 mg #90 is not medically necessary.

**Celebrex 200mg, #30.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal Anti-Inflammatory Drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines, NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 67-73.

**Decision rationale:** MTUS Guidelines recommend NSAIDs at the lowest possible dose for the shortest period of time in patients with moderate to severe osteoarthritis pain. The guidelines further state that there is inconsistent evidence for the use of these medications to treat long term neuropathic pain. There is no evidence to recommend 1 drug in this class over another based on efficacy. The main concern of selection is based on adverse effects. It was noted in the submitted documentation that this worker had an anaphylactic reaction to Celebrex, requiring the use of an EpiPen. It is used for osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. This worker does not have any of the above diagnoses. Previous anaphylactic reaction would preclude the continued use of this medication. The need for this particular NSAID has not been clearly demonstrated in the submitted documentation. As such, the request is medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trail Of Opioids and Opioids for Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. In most cases, analgesic treatment should begin with acetaminophen, aspirin, or anticonvulsants. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding long term appropriate monitoring/evaluation, including side effects, failed trials of aspirin, or drug screens. Additionally, there was no frequency specified in the request. Therefore, this request for Norco 10/325 mg #90 is not medically necessary.