

<b>Case Number:</b>	CM14-0131770		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	09/22/2000
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 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 62 y/o female with date of injury 9/22/00. The diagnosis was low back pain, Degenerative disc disease, lumbar, early spinal stenosis. Other treatment included acupuncture, PT facet injections and Toradol. Prospective usage of Norco 10/325 mg and Cymbalta are requested. Per MD visit 3/13/14 claimant complains of left lower back pain that radiates to the left gluteal area and left lower extremity. Medical record 7/1/14 states the patient was informed of various tools to manage the condition of chronic pain and been educated about the risks and benefits, alternative tools were discussed. Pt also agrees to a drug screen. The Cymbalta is not being used for depression. Pain is constant 6-8/10. Per medical record, drug screen was completed 10/07/14. Alprazolam and hydrocodone/Apap were reported for test, results were negative for hydrocodone and illicit drugs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #48:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Opioids Page(s): 74-82.

**Decision rationale:** Guidelines note that opiates are indicated for moderate to moderately severe pain. Opioid medications are not intended for long term use. As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on opiates long term. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request is not reasonable to continue. Additionally, within the medical information available for review, there was no documentation that the prescriptions were from a single practitioner and were taken as directed and that the lowest possible dose was being used. Therefore, the request is not medically necessary.

**Cymbalta 20mg #30:** Upheld

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

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

**Decision rationale:** This medication is an SNRI anti depressant. It was unknown the rationale for why patient is on the medication. Also based on documentation it is unclear if there was any benefit from prior use with this medication. Therefore the request is not medically necessary.