

<b>Case Number:</b>	CM14-0191927		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	07/30/2002
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 37 year old male who was injured at work on 07/30/2002. He is reported to be complaining of low back pain that radiates to his bilateral lower extremities. The pain is stated to be 6/10, improves with medication. The physical examination revealed limited lumbar range of motion, hypertonicity of the lumbosacral muscles without spasms. The worker has been diagnosed of failed back syndrome, bilateral radiculitis, and failed weaning attempts for methadone. Treatments have included Cymbalta, Percocet, Soma, Neurontin, Toradol, and Methadone. At dispute are the requests for Cymbalta 60 mg tablet, 1 PO hour of sleep, #30 tabs for 1-month supply, Refills: 0; Methadone 10 mg tablet, 2 tabs PO every morning, #60 tabs for 1-month supply, Refills: 0; Percocet 10/325 mg tablet, 1 tab 4x a day, #120 tabs for 1-month supply, Refills: 0; Soma 350 mg tablet, 1 tab 2x a day, #60 tabs for 1-month supply, Refills: 0; Neurontin 800 mg tablet, 1 tab PO 3x a day, #90 tabs for 1-month supply, Refills: 0.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60 mg tablet, 1 PO hour of sleep, #30 tabs for 1-month supply, Refills: 0: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta / Duloxetine Page(s): 43 and 105.

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

**Decision rationale:** The injured worker sustained a work related injury on 07/30/2002. The medical records provided indicate the diagnosis of failed back syndrome, bilateral radiculitis, and failed weaning attempts for methadone. Treatments have included Cymbalta, Percocet, Soma, Neurontin, Toradol, and Methadone. The medical records provided for review do not indicate a medical necessity for Cymbalta 60 mg tablet, 1 PO hour of sleep, #30 tabs for 1-month supply, Refills: 0. The MTUS recommends that individual on treatment with antidepressants be assessed after about four weeks of treatment for efficacy, including pain reduction, an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment; however, no such assessment was evident in the records reviewed, besides the request indicate the injured worker still needs the same medications he received the previous one month. Also, the MTUS states that Cymbalta (Duloxetine) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia; and there is no high quality evidence supporting its use for lumbar radiculopathy, or neuropathic pain. Additionally, the guidelines state the use of Cymbalta for treatment is chronic pain is an off-label use. Therefore, the requested treatment is not medically necessary and appropriate.

**Methadone 10 mg tablet, 2 tabs PO every morning, #60 tabs for 1-month supply, Refills: 0:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, and 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61.

**Decision rationale:** The injured worker sustained a work related injury on 07/30/2002. The medical records provided indicate the diagnosis of failed back syndrome, bilateral radiculitis, and failed weaning attempts for methadone. Treatments have included Cymbalta, Percocet, Soma, Neurontin, Toradol, and Methadone. The medical records provided for review does not indicate a medical necessity for Methadone 10 mg tablet, 2 tabs PO every morning, #60 tabs for 1-month supply, Refills: 0. The MTUS recommends methadone as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. Although the records indicate the injured worker has failed weaning attempts with Methadone, the MTUS states that the FDA reports that they have received reports of severe morbidity and mortality with this medication. Thus, the risk from the continued use of this medication outweighs the benefit. Therefore, this request is not medically necessary.

**Percocet 10/325 mg tablet, 1 tab 4x a day, #120 tabs for 1-month supply, Refills: 0:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 and 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

**Decision rationale:** The injured worker sustained a work related injury on 07/30/2002. The medical records provided indicate the diagnosis of failed back syndrome, bilateral radiculitis, and failed weaning attempts for methadone. Treatments have included Cymbalta, Percocet, Soma, Neurontin, Toradol, and Methadone. The medical records provided for review do not indicate a medical necessity for Percocet 10/325 mg tablet, 1 tab 4x a day, #120 tabs for 1-month supply, Refills. The records reviewed indicate the injured worker has remained off work and there has been no improvement in the pain between the visits in 09/2014 and 10/2014 despite being on this medication. The MTUS recommends discontinuing opioid use if there is no overall improvement in function. Therefore, the requested treatment is not medically necessary and appropriate.

**Soma 350 mg tablet, 1 tab 2x a day, #60 tabs for 1-month supply, Refills: 0:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 65.

**Decision rationale:** The injured worker sustained a work related injury on 07/30/2002. The medical records provided indicate the diagnosis of failed back syndrome, bilateral radiculitis, and failed weaning attempts for methadone. Treatments have included Cymbalta, Percocet, Soma, Neurontin, Toradol, and Methadone. The medical records provided for review do not indicate a medical necessity for SOMA 350 mg tablet, 1 tab 2x a day, #60 tabs for 1-month supply, Refills: 0. The medical record indicates the injured worker has been on this medication for at least a month. The MTUS recommends against its use beyond two to three weeks. Therefore, the requested treatment is not medically necessary and appropriate.

**Neurontin 800 mg tablet, 1 tab PO 3x a day, #90 tabs for 1-month supply, Refills: 0:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15-20 and 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19.

**Decision rationale:** The injured worker sustained a work related injury on 07/30/2002. The medical records provided indicate the diagnosis of failed back syndrome, bilateral radiculitis, and failed weaning attempts for methadone. Treatments have included Cymbalta, Percocet, Soma, Neurontin, Toradol, and Methadone. The medical records provided for review do not indicate a medical necessity for Neurontin 800 mg tablet, 1 tab PO 3x a day, #90 tabs for 1-month supply, Refills: 0. The MTUS recommends the use of the antiepileptic's for the treatment of neuropathic pain. However the records reviewed do not indicate the injured worker suffers from neuropathic pain. Besides, the MTUS considers less than 30% reduction in pain as an indication for lack of benefit from the medication. The records reviewed indicate the injured worker did not improve by up to 30% between the visits in 09/2014 and 10/2014. Therefore, the requested treatment is not medically necessary and appropriate.

