

<b>Case Number:</b>	CM14-0204356		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	02/11/2011
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 59 year old male with an injury date on 02/11/2011. Based on the 11/13/2014 progress report provided by the treating physician, the diagnoses are:1. Disorders Sacrum2. Thoracic/Lumbar3. Post laminectomyAccording to this report, the patient complains of constant "low back pain radiating into left leg" that is burning, electricity and pins and needles. Pain is rated as a 4-7/10 and is "decreased by medication and injections." Physical exam reveals a "pleasant, cooperative, no acute distress" individual. Objective findings were not included in the report for review.The 10/14/2014report indicates patient's pain is a 7-8/10 without medications and 6-7/10 with medications. The 10/01/2014 report indicates patient's low back pain is a 4-5/10 and left leg pain is a 6-7/10.Treatment to date includes "caudal ESI helped about 60% and continues to last to some degrees," surgery, therapy, and medications. The treatment plan is to refill medications, pending psych consult: spinal cord stimulator trial, and pending authorization for Podiatry Consult. There were no other significant findings noted on this report. The utilization review denied the request for Cymbalta 60mg with trial increase to 90mg and Opana 10mg on11/25/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 06/04/2014 to 11/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60mg with trial increase to 90mg: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalt (SNRIs) Page(s): 16-17 and 43-44.

**Decision rationale:** According to the 11/13/2014 report, this patient presents with "low back pain radiating into left leg" that is burning, electricity, and pins and needles. The current request is for Cymbalta 60mg with trial increase to 90mg. This medication was first mentioned in the 08/08/2014 report; it is unknown exactly when the patient initially started taking this medication. For Cymbalta, the MTUS Guidelines stated on page 16 and 17 that, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used for off-label neuropathic pain and radiculopathy. Duloxetine is recommended as a first line option for diabetic neuropathy." In reviewing the provided reports, the patient is prescribed Cymbalta for lower extremity neuropathic pain. The treating physician mentions that the patient's pain is a 7-8/10 without medications and 6-7/10 with medications. In this case, given that the patient has neuropathic pain and the treating physician documented the efficacy of the medication as required by the MTUS guidelines, this request is medically necessary.

**Opana 10mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81, 93. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Criteria for use of Opioids Page(s): 60, 61; 88, 89; 76-78.

**Decision rationale:** According to the 11/13/2014 report, this patient presents with "low back pain radiating into left leg" that is burning, electricity and pins and needles. The current request is for Opana 10mg. This medication was first mentioned in the 08/08/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines on pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS on page 78 also requires documentation of the 4A's (analgesia, activities of daily livings (ADLs), adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In reviewing the provided reports, there is documentation of pain assessment using a numerical scale describing the patient's pain. Urine drug screens (UDS) was obtained and result was consistent. However, there is no documentation provided discussing functional improvement, ADL's or returns to work. No aberrant drug seeking behavior is discussed in the records provided. The treating physician has failed to clearly document the 4 A's (analgesia, ADL's, adverse side effects, adverse behavior) as required by the MTUS. Therefore, the request is not medically necessary.

