

<b>Case Number:</b>	CM15-0106829		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	02/29/2000
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 53 year old male who sustained an industrial injury on February 29, 2000. He has reported neck and back pain and has been diagnosed with chronic cervical and lumbar pain with referred pain to the right arm and leg, MRI scan with a tethered cord at L4-5, right foraminal stenosis of the lumbar spine, status post shoulder surgery, migraine headaches, and osteoarthritis. Treatment has included surgery, injections, and medications. There was tenderness to palpation over the lumbar paraspinal muscles and cervical paraspinal muscles. He also reports tenderness in the upper thoracic region. He had increased neck pain with rotation of the neck and left neck rotation was 20 degrees. There was increased back pain with bilateral sitting straight leg raise. His grip strength was 20 pounds on the right and 15 pounds on the left. The treatment request included Cymbalta and Vicodin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 30mg every day #30 for the cervical spine, lumbar spine and shoulder pain:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 15, 78.

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

**Decision rationale:** The patient is a 53 year old male with an injury on 02/29/2000. He had shoulder surgery. He has neck pain and low back pain. MTUS, chronic pain guidelines note that there are some antidepressants (tricyclic) that are first line drugs to treat neuropathic pain. The optimal duration of treatment is not known as most double-blind trials have been of short duration. Side effects such as excessive sedation need to be assessed. Also the effects of this class of drugs on other medications has not been assessed. Long term effectiveness of antidepressants on chronic pain have not been established. The requested antidepressant is not medically necessary for this patient.

**Vicodin 5/325mg every 4 hours #180 for the cervical spine, lumbar spine and shoulder pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

**Decision rationale:** The patient is a 53 year old male with an injury on 02/29/2000. He had shoulder surgery. He has neck pain and low back pain. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. The request is not medically necessary.