

<b>Case Number:</b>	CM15-0134475		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	11/27/1996
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 62-year-old who has filed a claim for chronic low back, knee, and shoulder pain reportedly associated with an industrial injury of November 27, 1996. In a Utilization Review report dated June 30, 2015, the claims administrator failed to approve requests for naproxen, oral Voltaren, baclofen, and Cymbalta. The claims administrator referenced an RFA form received on June 24, 2015 and an associated progress note of June 23, 2015 in its determination. The applicant's attorney subsequently appealed. On June 23, 2015, the applicant reported ongoing complaints of low back, shoulder, knee, and leg pain, highly variable, 6-8/10, exacerbated by lifting, sitting, bending, any kind of physical activity, standing, twisting, and weather changes. The applicant was represented, it was acknowledged. The applicant had undergone earlier failed lumbar fusion surgery and did have comorbidities including asthma and obstructive sleep apnea requiring usage of a CPAP, it was reported. The applicant's medications included baclofen, Atarax, capsaicin, Lidoderm patches, Duragesic, Norco, Ambien, Cymbalta, naproxen, Zanaflex, Zonegran, terazosin, Benadryl, and oral Voltaren, it was reported. The applicant was using a cane to move about. The applicant's psychiatric review of systems was notable for anxiety and depression, it was acknowledged. The applicant was described as resting 50% to 75% of the waking day. The applicant reported a variety of psychiatric issues, including depression, anxiety, anger, and irritability, it was reported. The applicant's work status was not explicitly stated, although it did not appear that the applicant was working. The applicant was reportedly using 18 different pain medications, it was reported. Little-to-no seeming discussion of medication efficacy transpired at this time. On May 26, 2015, the applicant's treating provider

contended that the applicant's medications were allowing him to perform basic activities such as folding clothes, walk around the block, attend church, and sit in his reclining chair. The applicant contended that he would be bedridden without his medications. Highly variable 4-8/10 pain complaints were reported. The applicant continued to report issues with mood disturbance. Once again, the applicant's work status was not detailed. Multiple medications were renewed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**60 tablets of Naprosyn 500mg with 4 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

**Decision rationale:** No, the request for naproxen, an anti-inflammatory medication was not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should incorporate some discussion of applicant-specific variables such as other medications into his choice of recommendations. Here, however, the attending provider did not clearly state why he is prescribing the applicant two separate anti-inflammatory medications, naproxen and oral Voltaren. Therefore, the request was not medically necessary.

**30 tablets of Voltaren XR 100mg with 4 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

**Decision rationale:** Similarly, the request for Voltaren extended release, an oral anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should incorporate some discussion of applicant-specific variables such as other medications into his choice of pharmacotherapy. Here, however, the attending provider failed to clearly state why he was furnishing the applicant with two separate anti-inflammatory medications, naproxen and oral Voltaren. Therefore, the request was not medically necessary. Therefore, the request was not medically necessary.

**90 tablets of Baclofen 10mg with 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen (Lioresal, generic available) Page(s): 64.

**Decision rationale:** Similarly, the request for baclofen, an antispasmodic medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that baclofen is recommended orally for the treatment of spasticity in muscle spasms related to multiple sclerosis and/or spinal cord injuries but can be employed off label for neuropathic pain, as was present here in the form of the applicant's lumbar radiculopathy, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, it did not appear that ongoing usage of baclofen had proven effective. The applicant remained off of work, it was suggested (but not clearly stated) on progress notes of June 23, 2015 and May 26, 2015. The applicant's commentary to the effect that he would be bedridden without his medications did not constitute evidence of a meaningful, material, and/or substantive improvement in function effected as a result of ongoing baclofen usage. The applicant was still having difficulty performing activities as basic as sitting, standing, walking, bending, lifting, twisting, it was reported on both May 26, 2015 and on June 23, 2015. Ongoing usage of baclofen failed to curtail the applicant's dependence on opioid agents such as Duragesic and Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e. Therefore, the request was not medically necessary.

**60 tablets of Cymbalta 60mg with 4 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chapter 3 Initial Approaches to Treatment Page(s): 402; 47, Chronic Pain Treatment Guidelines Duloxetine (Cymbalta); Functional Restoration Approach to Chronic Pain Management Page(s): 15; 7.

**Decision rationale:** Finally, the request for Cymbalta, an SNRI anti-depressant, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that antidepressants such as Cymbalta may be helpful to alleviate symptoms of depression, as was seemingly present here, and while page 15 of the MTUS Chronic Pain Medical Treatment Guidelines also acknowledges that Cymbalta can be employed off label for radiculopathy, as was also seemingly present here, both recommendations are qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the attending provider did not seemingly incorporate much discussion of medication efficacy insofar as Cymbalta was concerned into

progress notes of May 26, 2015 or June 23, 2015. The applicant was not seemingly working, it was suggested (but not clearly stated) on these dates. The applicant remained anxious, depressed, and irritable, it was stated on both dates. The applicant was using a cane to move about. Ongoing usage of Cymbalta failed to curtail the applicant's dependence on opioid agents such as Norco and Duragesic, the former of which the applicant was reportedly using at a rate of six tablets a day, it was suggested on June 23, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Cymbalta. Therefore, the request was not medically necessary.