

<b>Case Number:</b>	CM15-0137683		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	03/19/2003
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 injured worker is a 60 year old male, who sustained an industrial injury on March 19, 2003. Treatment to date has included orthotics, lumbar spine surgery, cervical spine surgery, NSAIDS, opioid medications, and anti-depressant medication. Currently, the injured worker complains of neck pain, low back pain and radiation of pain to the left lower extremity. The injured worker reported that his activity level had remained the same and his quality of sleep was poor. He reports that his medications are working well and he has related constipation and intermittent headaches. On physical examination the injured worker is assisted by a powered cart. He has tenderness to palpation over the lumbar paraspinal muscles, spasm and a tight muscle band bilaterally. He is unable to heel-toe walk and his motor testing was limited by pain. He has decreased sensation to light touch in the left L5 distribution. The diagnoses associated with the request include post lumbar laminectomy syndrome, post cervical laminectomy syndrome, low back pain and mood disorder. The injured worker's current medication regimen includes Ambien, Nuvigil, Wellbutrin, Opana ER, Cymbalta, Celebrex, Baclofen, Miralax, Docusate Sodium, and Flexeril. The treatment plan includes gastrointestinal consultation, sleep study, continuation of Cymbalta, docusate sodium, Wellbutrin, Miralax, and Ambien.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 30mg #30 Refills: 3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**Decision rationale:** Regarding the request for duloxetine (Cymbalta), guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, there is no identification that the Cymbalta provides any specific analgesic effect (in terms of reduced numeric rating scale or percent reduction in pain), or provides any objective functional improvement, reduction in opiate medication use, or improvement in psychological well-being. Additionally, if the Cymbalta is being prescribed to treat depression, there is no documentation of depression, and no objective findings which would support such a diagnosis (such as a mini mental status exam, or even depressed mood). In the absence of clarity regarding those issues, the currently requested duloxetine (Cymbalta) is not medically necessary.

**Docusate Sodium 250mg #60 Refills: 3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioid Induced Constipation Treatment.

**Decision rationale:** Regarding the request for Docusate Sodium, California MTUS does not contain criteria regarding constipation treatment. ODG states that opioid induced constipation is recommended to be treated by physical activity, maintaining appropriate hydration, and following a diet rich in fiber. Over-the-counter medication such as stool softeners may be used as well. Second line treatments include prescription medications. Within the documentation available for review, there is no statement indicating whether the patient has tried adequate hydration, well-balanced diet, and activity to reduce the complaints of constipation should they exist. Additionally, there is no documentation indicating how the patient has responded to treatment with Docusate Sodium. In the absence of such documentation, the currently requested Docusate Sodium is not medically necessary.

**Wellbutrin XL 150mg #30 Refills: 3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Initial Assessment, Physical Examination, Treatment, Follow-up, and Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**Decision rationale:** Regarding the request for Wellbutrin (bupropion), Chronic Pain Medical Treatment Guidelines states that Wellbutrin is a second-generation non-tricyclic antidepressant has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, there is no evidence of any recent mental status examinations to determine a diagnosis of depression. Additionally, there is no documentation indicating whether or not the patient has responded to the current Wellbutrin treatment. Antidepressants should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of clarity regarding those issues, the currently requested Wellbutrin is not medically necessary.

**Miralax 17gram powd pack #1 Refills: 3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioid Induced Constipation Treatment.

**Decision rationale:** Regarding the request for Miralax, California MTUS does not contain criteria regarding constipation treatment. ODG states that opioid induced constipation is recommended to be treated by physical activity, maintaining appropriate hydration, and following a diet rich in fiber. Over-the-counter medication such as stool softeners may be used as well. Second line treatments include prescription medications. Within the documentation available for review, there is no statement indicating whether the patient has tried adequate hydration, well-balanced diet, and activity to reduce the complaints of constipation should they exist. Additionally, there is no documentation indicating how the patient has responded to treatment with Miralax. In the absence of such documentation, the currently requested Miralax is not medically necessary.

**Ambien 10mg #30 Refills: 3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Sleep Medication.

**Decision rationale:** Regarding the request for Ambien, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there are no discussions regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Ambien treatment. Finally, there is no indication that Ambien is being used for short term use as recommended by guidelines. In the absence of such documentation, the currently requested Ambien is not medically necessary.

**Cymbalta 60mg #30 Refills: 3:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**Decision rationale:** Regarding the request for duloxetine (Cymbalta), guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, there is no identification that the Cymbalta provides any specific analgesic effect (in terms of reduced numeric rating scale or percent reduction in pain), or provides any objective functional improvement, reduction in opiate medication use, or improvement in psychological well-being. Additionally, if the Cymbalta is being prescribed to treat depression, there is no documentation of depression, and no objective findings which would support such a diagnosis (such as a mini mental status exam, or even depressed mood). In the absence of clarity regarding those issues, the currently requested duloxetine (Cymbalta) is not medically necessary.