

<b>Case Number:</b>	CM15-0142539		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	12/01/2010
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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

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 injured worker is a 48 year old male who sustained an industrial injury on 12/01/2010. The injured worker was diagnosed with multi-level cervical disc bulging, cervical facet capsular tears and left shoulder osteoarthritis. The injured worker is status post left shoulder surgery in 2011 and 2012 (no procedures documented). Treatment to date has included diagnostic testing, surgery, recent left C6-7 transforaminal epidural steroid injection on February 23, 2015, physical therapy and medications. According to the primary treating physician's progress report on June 11, 2015, the injured worker continues to experience left shoulder pain and cervical pain. The injured worker rates his pain level at 7-8 out of 10 without medications and 5 out of 10 with medications. The cervical pain radiates to the bilaterally upper extremities. Examination demonstrated tenderness and some paraspinous spasm on the left side of neck. Range of motion was moderately decreased especially with extension and rotation. There was decreased sensation to light touch on the left at the C6 and C7 dermatome distribution. Left shoulder range of motion was decreased in all planes with pain. Motor strength testing for the left upper extremity muscle groups was noted as 4 plus out of 5. Grip strength on the left was 4 out of 5 and 5 out of 5 on the right. Hyporeflexic triceps and biceps deep tendon reflexes were documented on the left with a positive Tinel's. The median nerve compression test reproduced numbness and tingling on the left. Current medications are listed as Duragesic 25mcg per hour patches applied every 3 days, Cymbalta, Zanaflex, Naprosyn and Neurontin. The injured worker is on temporary total disability (TTD). Treatment plan consists of an updated cervical magnetic resonance imaging (MRI), Electromyography (EMG) and Nerve Conduction Velocity (NCV) of the bilaterally

upper extremities and the current request for duplicates with refills of Duragesic 25mcg per hour patches, Cymbalta, Naprosyn and Neurontin.

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

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

#### **Cymbalta 60mg #90 with 3 refills: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain Page(s): 13-15.

**Decision rationale:** MTUS Guidelines support the use of anti-depressants for chronic pain, in particular if the pain has neuropathic pain characteristics. This individual meets the Guideline criteria for use of Cymbalta. His chronic pain is reported to be mixed nociceptive and neuropathic which is common for chronic pain. His medications are reported to provide up to 50% pain relief which is adequate to support ongoing use per Guideline recommendations. The Cymbalta 60mg. #90 with 3 refills is supported by Guidelines and is medically necessary.

#### **Duragesic 25mcg/hr patch 72 hour #10: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (R) (fentanyl transdermal system).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Functional Improvement measures Page(s): 78-80/48.

**Decision rationale:** MTUS Guidelines have very specific criteria to support the long term use of opioid medications. These Guideline standards consist of a triad of meaningful pain relief, specific measurements documenting functional improvements due to opioid use, and the lack of drug related aberrant behaviors. One of the necessary triad standards is missing. Even though there is documentation of pain relief and the lack of drug related behaviors, there is inadequate documentation of functional improvements due to opioid use. Under these circumstances, the Duragesic 25mc/hr patch ever 72 hrs #10 is not supported by Guidelines and there are no unusual circumstances to justify an exception to Guidelines. The Duragesic is not medically necessary.

#### **Naprosyn 500mg #60 with 3 refills: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSIADs Page(s): 67-70.

**Decision rationale:** MTUS Guidelines do not support chronic NSAID use for chronic spinal pain, however the Guidelines do allow for long term use for other chronic inflammatory conditions as is described in this individuals shoulder. With the reported pain benefits due to medications the ongoing use of Naprosyn is consistent with Guidelines and Naprosyn 500mg #60 with 3 refills is medically necessary.

**Neurontin 300mg #180 with 3 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy medications Page(s): 18,19.

**Decision rationale:** MTUS Guidelines supports the use of Neurontin for neuropathic pain. The Guidelines also allow for more than one medication class to be utilized for this disorder which affects most chronic pain syndromes. The Guidelines do not include functional measurements as a condition of use and the 50% improvement in pain levels with medications is adequate to meet Guideline standards. The Neurontin 300mg #180 with 3 refills is supported by Guidelines and is medically necessary.