

<b>Case Number:</b>	CM15-0142667		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	11/25/2003
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of November 25, 2003. In a Utilization Review report dated July 9, 2015, the claims administrator failed to approve requests for Amrix, Cymbalta, Lyrica, Oxycodone, and OxyContin. The claims administrator referenced several historical Utilization Review reports in its determination, along with a June 18, 2015 progress note. Both the applicant and applicant's attorney seemingly appealed. The applicant and the applicant's attorney noted on an appeal letter dated July 20, 2015 that that the name of the physician utilization reviewer was not furnished in the determination. The applicant contended that his medications were allowing him to function reasonably. The applicant did not, however, state whether he was or was not working. In an RFA form dated June 29, 2015, Amrix, Cymbalta, Lyrica, oxycodone, and OxyContin were endorsed. In an associated June 18, 2015 progress note, the applicant reported ongoing complaints of low back pain radiating to the right leg. The applicant had issues with a previous DVT and resultant severe lower extremity edema, it was reported. The applicant reported 8/10 pain complaints with medications versus 10/10 without medications. The applicant was reportedly unable to cook, do his own laundry, garden, and/or shop but was reportedly able to bathe and dress himself, drive, brush his teeth, and ambulate with the aid of a cane. The applicant could not, however, perform any yard work or housework. The applicant reported derivative complaints of depression, anxiety, itching, sweating, and fatigue, it was reported. OxyContin, oxycodone, Lyrica, Cymbalta, and Amrix were renewed. The applicant was deemed "permanently disabled," the treating provider acknowledged. The treating provider acknowledged that the applicant was using a cane to move about.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Amrix 30mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

**Decision rationale:** No, the request for Amrix (cyclobenzaprine) was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine (Amrix) to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including OxyContin, oxycodone, Lyrica, etc. Adding Amrix (cyclobenzaprine) to the mix was not recommended. Therefore, the request was not indicated. It is further noted that the 30-tablet, three-refill supply of Amrix at issue represents treatment well in excess of the "short course of therapy" for which cyclobenzaprine (Amrix) was recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

**Cymbalta 60mg #30 with 3 refills:** Upheld

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

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

**Decision rationale:** Similarly, the request for Cymbalta, an SNRI antidepressant, was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider should incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, however, the attending provider did not explicitly state whether Cymbalta was being employed for antidepressant effect or for radiculopathy purposes. While the MTUS Guideline in ACOEM Chapter 15, page 402 acknowledges that antidepressants such as Cymbalta may be helpful in alleviating symptoms of depression, as were present here, and while page 15 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that Cymbalta may be employed off-label for radiculopathy, as was also present here, both recommendations are, 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, the applicant remained off of work; it was reported on June 18, 2015. The applicant was still having difficulty performing activities as basic as bathing, doing his own laundry, cooking, etc., despite ongoing Cymbalta usage. The applicant remained depressed and anxious; it was reported in the review of systems section of the June 18, 2015 progress note. Ongoing usage of Cymbalta failed to curtail the applicant's dependence on opioid agents such as OxyContin and oxycodone. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing use of Cymbalta. The attending provider, in short, failed to outline meaningful, material, or substantive improvements in function, mood, and/or pain effected as a result of ongoing Cymbalta usage (if any). Therefore, the request is not medically necessary.

**Lyrica 75mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Pregabalin (Lyrica); Functional Restoration Approach to Chronic Pain Management Page(s): 99; 7.

**Decision rationale:** The request for Lyrica, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that pregabalin or Lyrica is FDA approved in the treatment of pain associated with post herpetic neuralgia and/or diabetic neuropathic pain and, by implication, is indicated in the treatment of neuropathic pain complaints in general, 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, the applicant remained off of work, despite ongoing Lyrica usage. Ongoing use of Lyrica failed to curtail the applicant's dependence on opioid agents such as OxyContin and/or oxycodone. The applicant was deemed permanently disabled; it was reported on June 18, 2015. The applicant was still having difficulty walking, doing laundry, doing gardening, and/or doing any kind of yard work, it was acknowledged on June 18, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing use of Lyrica. Therefore, the request is not medically necessary.

**Oxycodone 30mg #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for oxycodone, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work and had been deemed permanently disabled; it was reported on June 18, 2015. The applicant was using a cane to move about. The applicant was still having difficulty performing activities as basic as cooking, doing laundry, ambulating, etc., it was acknowledged on June 18, 2015. While the treating provider did outline some low-grade reduction in pain scores effected as a result of ongoing medication consumption from 10/10 without medications to 8/10 with medications on June 18, 2015, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing medication consumption. The attending provider's commentary on June 18, 2015 to the effect that the applicant was able to bathe and dress himself as a result of ongoing medication consumption did not constitute evidence of a meaningful, material, or substantive improvement in function effected as a result of ongoing oxycodone usage. Therefore, the request is not medically necessary.

**Oxycontin 60mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Finally, the request for OxyContin, a long-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was acknowledged on June 18, 2015. The applicant was deemed "permanently disabled," it was reported on that date. The applicant was using a cane to move about. The applicant was still having difficulty performing activities as basic as yard work, shopping, doing laundry, and/or doing cooking, despite ongoing medication consumption. While the treating provider did outline a low-grade reduction in pain scores from 10/10 without medications to 8/10 with medications, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing medication consumption. Therefore, the request is not medically necessary.