

<b>Case Number:</b>	CM15-0160651		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	08/17/2009
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 56 year old female who sustained an industrial injury on 8-17-09. Diagnoses are pain-neck, spondylosis without myelopathy, and degenerative disc disease; cervical spine. In a progress report dated 6-9-15, the primary treating physician notes the injured worker is doing somewhat better. Pain in the right neck, mood swings and panic attacks are noted. An MRI was scheduled, but the injured worker had a panic attack right before the MRI and it had to be canceled and rescheduled. Headaches have improved but continue in the morning. An appointment with a psychiatrist is scheduled for later in the month. She notes her pain medications are enough for her to remain functional. She is trying to walk more and do more activity. Out of 10, average pain level is 5, without medication is 7, and with medication is 3-5. Without pain medication, it is noted that she would be unable to walk and sleep. Pain medication improves the pain 50% without side effects. Sleep and mood are fair. Medications are Valium 5mg, Lidoderm 5%, Flector 1.35%, Duragesic 75 mcg per hour patch, BuspironeHCL 10mg, Prevacid DR 15 mg, Cymbalta 30mg, and Norco 10-325. Urine toxicology on 8-20-14 is reported as appropriate. A pain agreement is noted to be signed. There is mild spasm to palpation of the cervical spine, Spurling's test is guarded and Neer test is positive on the right. She had a cervical spine injection in the past. She is noted to be basically housebound and has an electric scooter and it is noted that she is not able to work. The requested treatment is retrospective (6-9-15) Cymbalta DR-ER 30mg #60 with 3 refills, retrospective (6-9-15) Norco 10-325mg #90 with 2 refills, and retrospective (6-9-15) Fentanyl Patch 75mcg per hour #15 with 2 refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Cymbalta DR/EC 30mg, #60 with 3 refills, prescribed 6/9/2015:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Cymbalta.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, retrospective Cymbalta DR/EC 30 mg #60 with 3 refills date of service June 9, 2015 is not medically necessary. Cymbalta is recommended as an option in first-line treatment of neuropathic pain, is FDA approved for treatment of depression, generalized anxiety disorder, and treatment of diabetic neuropathy. The effect is found to be significant by the end of week one. In this case, the injured worker's working diagnoses are neck pain; spondylosis without myelopathy; degenerative disc disease cervical spine; cervical radiculopathy, neuritis NOS; and mood disorder. The date of injury is August 17, 2009. Request for authorization is dated July 20, 2015. The earliest progress note the medical record dated January 16, 2015 contains clinical entries for Cymbalta DR/EC 30 mg, Norco 10/325mg and fentanyl 75 g per hour. The most recent progress note dated June 9, 2015 subjectively states the injured worker has ongoing right neck pain, shoulder pain, back pain and panic attacks. Pain score is 3-5/10. Valium was added to the medication regimen. The documentation does not demonstrate objective functional improvement to support ongoing Cymbalta. Additionally, the indication for Cymbalta is unclear. The documentation does not state whether Cymbalta is for neuropathic pain or for treatment of the injured worker's mood disorder. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and a request for an additional three refills, retrospective Cymbalta DR/EC 30 mg #60 with 3 refills date of service June 9, 2015 is not medically necessary.

**Retrospective request for Norco 10/325mg #90 with 2 refills, prescribed 6/9/2015:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Norco 10/325mg # 90 with two refills date of service June 9, 2015 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A

detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are neck pain; spondylosis without myelopathy; degenerative disc disease cervical spine; cervical radiculopathy, neuritis NOS; and mood disorder. The date of injury is August 17, 2009. Request for authorization is dated July 20, 2015. The earliest progress note the medical record dated January 16, 2015 contains clinical entries for Cymbalta DR/EC 30 mg, Norco 10/325mg and fentanyl 75 g per hour. The most recent progress note dated June 9, 2015 subjectively states the injured worker has ongoing right neck pain, shoulder pain, back pain and panic attacks. Pain score is 3-5/10. Valium was added to the medication regimen. The documentation does not demonstrate objective functional improvement to support ongoing Norco 10/325mg. There are no detailed pain assessments in the medical record. There are no risk assessments of the medical record. The documentation does not demonstrate objective functional improvement to support ongoing Norco 10/325mg. The long-term medical necessity of the requested opiate medications is not established. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no detailed pain assessments or risk assessments and no attempted weaning of opiate medications, retrospective Norco 10/325mg # 90 with two refills date of service June 9, 2015 is not medically necessary.

**Retrospective request for Fentanyl 75meg/hr, #15 with 2 refills, prescribed 6/9/2015:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Norco 10/325mg # 90 with two refills date of service June 9, 2015 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are neck pain; spondylosis without myelopathy; degenerative disc disease cervical spine; cervical

radiculopathy, neuritis NOS; and mood disorder. The date of injury is August 17, 2009. Request for authorization is dated July 20, 2015. The earliest progress note the medical record dated January 16, 2015 contains clinical entries for Cymbalta DR/EC 30 mg, Norco 10/325mg and fentanyl 75 g per hour. The most recent progress note dated June 9, 2015 subjectively states the injured worker has ongoing right neck pain, shoulder pain, back pain and panic attacks. Pain score is 3-5/10. Valium was added to the medication regimen. The documentation does not demonstrate objective functional improvement to support ongoing Norco 10/325mg. There are no detailed pain assessments in the medical record. There are no risk assessments of the medical record. The documentation does not demonstrate objective functional improvement to support ongoing Norco 10/325mg. The long-term medical necessity of the requested opiate medications is not established. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no detailed pain assessments or risk assessments and no attempted weaning of opiate medications, retrospective Norco 10/325mg # 90 with two refills date of service June 9, 2015 is not medically necessary.