

<b>Case Number:</b>	CM15-0163079		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	08/28/2009
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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: Physical Medicine & Rehabilitation

### 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 41 year old male injured worker suffered an industrial injury on 8-28-2009. The diagnoses included displaced cervical intervertebral disc and brachia neuritis. The treatment included acupuncture and medications. The diagnostics included electromyographic studies-nerve conduction velocity studies of the left upper extremity. On 6-4-2015, there was neck and upper back pain rated 6/10 with an achy spasm along with associated numbness of the left arm, which radiated down the forearm. On 8-5-2015, the treating provider reported significant relief from acupuncture. On exam, the cervical spine had severe restricted range of motion with tenderness. There was pain in the lumbosacral region extending to the left buttock with positive left straight leg raise. The injured worker had not returned to work. The requested treatments included Percocet, Butrans, and Cymbalta.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325 mg #85 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The patient presents with neck and back pain. The request is for Percocet 10/325 mg #85 with 1 refill. The request for authorization is not provided. Physical examination reveals cervicothoracic kyphosis present. Severe restricted range of motion of the neck. Tenderness left periscapular area. Pain in the lumbosacral area extending through the left buttock. Seated straight leg raise is positive on the left. Patient reports significant relief from the acupuncture treatments. He has completed the series of 6 authorized visits once per week. He has noticed increased mobility of the neck, chronic headaches would resolve and decreased pain in the left scapular area. The relief would last 2-4 days afterwards. Per progress report dated 08/05/15, the patient is no longer working. MTUS, criteria for use of opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Treater does not specifically discuss this medication. The patient has been prescribed Percocet since at least 04/01/15. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Percocet significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed, specifically showing significant pain reduction with use of Percocet. No validated instrument is used to show functional improvement. There is discussion regarding adverse effects but not aberrant drug behavior. No UDS, CURES report, or opioid contract are provided for review. In this case, the treater has not discussed and documented all of the 4A's as required by MTUS. Therefore, the request IS NOT medically necessary.

**Butrans:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The patient presents with neck and back pain. The request is for BUTRANS. The request for authorization is not provided. Physical examination reveals cervicothoracic kyphosis present. Severe restricted range of motion of the neck. Tenderness left periscapular area. Pain in the lumbosacral area extending through the left buttock. Seated straight leg raise is positive on the left. Patient reports significant relief from the acupuncture

treatments. He has completed the series of 6 authorized visits once per week. He has noticed increased mobility of the neck, chronic headaches would resolve and decreased pain in the left scapular area. The relief would last 2-4 days afterwards. Per progress report dated 08/05/15, the patient is no longer working. MTUS, criteria for use of opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Treater does not specifically discuss this medication. The patient has been prescribed Butrans since at least 04/01/15. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Butrans significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed, specifically showing significant pain reduction with use of Butrans. No validated instrument is used to show functional improvement. There is discussion regarding adverse effects but not aberrant drug behavior. No UDS, CURES report, or opioid contract are provided for review. In this case, the treater has not discussed and documented all of the 4A's as required by MTUS. Therefore, the request IS NOT medically necessary.

**Cymbalta 60 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duloxetine (Cymbalta).

**Decision rationale:** The patient presents with neck and back pain. The request is for CYMBALTA 60 MG. The request for authorization is not provided. Physical examination reveals cervicothoracic kyphosis present. Severe restricted range of motion of the neck. Tenderness left periscapular area. Pain in the lumbosacral area extending through the left buttock. Seated straight leg raise is positive on the left. Patient reports significant relief from the acupuncture treatments. He has completed the series of 6 authorized visits once per week. He has noticed increased mobility of the neck, chronic headaches would resolve and decreased pain in the left scapular area. The relief would last 2-4 days afterwards. Per progress report dated 08/05/15, the patient is no longer working. Regarding Duloxetine (Cymbalta), the MTUS guidelines pages 16-17, Anti-depressants for Chronic pain section, states, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-

line option for diabetic neuropathy... Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks." Treater does not specifically discuss this medication. The patient has been prescribed Cymbalta since at least 04/01/15. In this case, the patient presents with neuropathic pain and radicular symptoms, for which Cymbalta is indicated. However, the treater has not documented how this medication helps the patient in terms of pain reduction and functional improvements. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Therefore, given the lack of documentation as required by guidelines, the request IS NOT medically necessary.