

<b>Case Number:</b>	CM15-0166800		
<b>Date Assigned:</b>	08/25/2015	<b>Date of Injury:</b>	03/24/1999
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	08/01/2015
<b>Priority:</b>	Expedited	<b>Application Received:</b>	08/25/2015

### 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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 patient is a 57 year old female with a date of injury of 03/24/1999. The mechanism of injury was not provided for review. Her diagnoses include low back pain status post L4-L5 lumbar laminectomy with a left-sided foraminotomy at L4-L5 and hemilaminotomy, post-operative MRI in 2009 revealing severe facet arthrosis, neural foraminal compromise and spinal stenosis, industrial onset anxiety, and depression. Physical exam reveals limited range of motion of the back with muscle spasms on palpation. There was sensory loss to light touch and pinprick in the right lateral calf and bottom of foot. The Achilles reflex was absent on the right, with 4/5 weakness in right thigh flexion and knee extension. Treatment in addition to surgery has included medical therapy with Duragesic patches, Norco, Lyrica, Pristiq, Movantik and Cymbalta. The treating provider has requested Norco 10/325mg #120, Cymbalta 60mg #60, Pristiq 50mg #30, and Movantik 25mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no documentation of significant pain relief or increased function from the opioids used to date. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

**Cymbalta 60mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, SNRI's Page(s): 13, 15-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cymbalta.

**Decision rationale:** According to the California MTUS Guidelines, antidepressants are indicated for the treatment of chronic musculoskeletal pain. They are recommended as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. Cymbalta (Duloxetine) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy. In this case, the medication has been prescribed for both depression and chronic pain but there is no documentation of objective functional benefit with prior medication use. The medical necessity for Cymbalta has not been established. The requested medication is not medically necessary.

**Pristiq 50mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress: Desvenlafaxine (Pristiq).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, SNRIs Page(s): 13, 15-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) SNRIs.

**Decision rationale:** Pristiq (Desvenlafaxine) is a member of the selective serotonin and norepinephrine reuptake inhibitors (SNRIs) class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders. It is off-label recommended for the treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. It may have an advantage over tricyclic antidepressants due to lack of anticholinergic side effects. In this case, the patient has been maintained on Cymbalta, which is another SNRI medication. There is no indication for treatment with two SNRIs for the treatment of depression and chronic pain. The medical necessity for Pristiq has not been established. The requested medication is not medically necessary.

**Movantik 25mg #30:** 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) Opioids and Other Medical Treatment Guidelines Medscape Internal Medicine (2015).

**Decision rationale:** Movantik (Naloxegol) is indicated for the treatment of opioid-induced constipation. Opioid-induced constipation is a common adverse effect of long-term opioid use because of the binding of opioids to peripheral opioid receptors in the gastrointestinal tract, resulting in absorption of electrolytes and reduction in small intestine fluid. According to ODG, if opioids are determined to be appropriate for the treatment of pain then prophylactic treatment of constipation should be initiated. In this case, the patient has been treated with Colace and Senekot to treat constipation from the use of narcotics. The narcotic, Norco, is not considered medically necessary at this time. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.