

<b>Case Number:</b>	CM15-0168002		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	09/16/2011
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: 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 57 year old female who sustained an industrial injury on 9-16-11 with current complaints of neck, back and right shoulder pain. Diagnoses are right shoulder strain-sprain, status post right shoulder surgery with open subacromial decompression and distal clavicle excision with residual adhesive capsulitis, lumbar strain-sprain, lumbar spine with degenerative disc disease and spondylolisthesis L4-L5, status post lumbar spine surgery L4-L5 anteriorposterior fusion with instrumentation, lumbar post laminectomy syndrome, chronic pain syndrome, and multiple psychiatric diagnoses including generalized anxiety disorder, dysthymic disorder, and pain disorder. Previous treatment includes medication, bracing, chiropractics, electromyography, MRI, X-rays, consults in; pain management, neurosurgery and orthopedics, physical therapy, shoulder surgery on 2-10-14, and lumbar spine surgery ( L4-L5) on 4-25-13. In a progress report dated 7-13-15, the treating physician notes she has orthopedic problems and chronic pain syndrome associated with factors for delayed recovery, inclusive of feelings of depression, stress, insomnia, and fear of re-injury and that she was recently authorized psychiatric treatment. It is noted she has been stable on Norco and Neurontin and that a trial of Cymbalta for her chronic pain and depressive symptoms is prescribed this visit. Neck and shoulder pain are rated as 7 out of 10 and low back pain is rated as 6 out of 10. The physician also notes, "cognitive behavioral therapy is indicated to address the all factors for delayed recovery." The injured worker reports that medication helps to increase function and her Oswestry score without medication is 64% and with medication is 58%. Physical exam reveals decreased range of motion of the cervical spine, right shoulder, and lumbar spine. A 4-17-15

note indicates the injured worker reports that without her pain medication she is totally unable to perform any of her daily activities or at times get out of bed. It is noted that a narcotic monitoring program was implemented with urine drug screen and medication agreement and a recent CURES report has been reviewed. Work status is that she is not currently working. The request for authorization is dated 7-20-15. On 7-27-15, utilization review non-certified the following requested treatment of Norco 10mg #60, Neurontin 300mg #90, Cymbalta 30mg #30, and Cognitive Behavioral Therapy evaluation and 4 sessions was modified to evaluation x1.

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

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

#### **Norco 10mg #60: Upheld**

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

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

**Decision rationale:** MTUS recommends that ongoing review and documentation of pain relief, functional status, and appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic neck, back and right shoulder pain. Documentation fails to demonstrate adequate improvement in level of function or pain, to support the medical necessity for continued use of opioids. In the absence of significant response to treatment, the request for Norco 10mg #60 is not medically necessary.

#### **Neurontin 300mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

**Decision rationale:** MTUS states that anti-epilepsy drugs (AEDs) are recommended for neuropathic pain (pain due to nerve damage). After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. The injured worker complains of chronic neck, back

and right shoulder pain. Documentation fails to show significant improvement in pain or level of function to support the medical necessity for continued use of Neurontin. The request for Neurontin 300mg #90 is not medically necessary by MTUS.

**Cymbalta 30mg #30:** Overturned

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

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

**Decision rationale:** MTUS states that antidepressants may be used as a first line option for neuropathic pain, but long-term effectiveness of these drugs has not been established. Cymbalta is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. The use of this drug for neuropathic pain and radiculopathy is off label. MTUS recommends that assessment of treatment efficacy should include pain outcomes, evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The injured worker has multiple psychiatric diagnoses, including generalized anxiety disorder, dysthymic disorder, and pain disorder. Documentation fails to show improvement in the injured worker's pain or level of function with treatment to date. The recommendation to start Cymbalta is clinically appropriate. The request for Cymbalta 30mg #30 is medically necessary.

**CBT evaluation and 4 sessions:** Overturned

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

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

**Decision rationale:** Per guidelines, the identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. Initial trial of 3-4 psychotherapy visits over 2 weeks is recommended for patients who show no progress after 4 weeks of physical medicine alone. ODG recommends up to 13-20 visits over 7-20 weeks of individual sessions, if progress is being made as indicated by evidence of objective functional improvement. Per guidelines, the provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. The injured worker has multiple psychiatric diagnoses, including generalized anxiety disorder, dysthymic disorder, and pain disorder. Documentation fails to show that the injured worker has had previous psychotherapy visits and there is no objective evidence of improvement in pain or level of function with treatment to date. The recommendation to start Cymbalta is clinically appropriate. The request for Cognitive Behavioral Therapy (CBT) evaluation and 4 sessions is medically necessary per guidelines.