

<b>Case Number:</b>	CM15-0182294		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	06/19/2010
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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: Washington, 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:

This is a 35-year-old female worker with a date of injury 6-19-2010. The medical records indicated the injured worker (IW) was treated for shoulder pain; rheumatoid arthritis and other inflammatory polyarthropathies; chronic pain syndrome, depression, not otherwise specified; cervical pain; rotator cuff disorders not elsewhere classified; and cervical strain. In the 7-10-15 and 8-20-15 progress notes, the IW reported 8-10/10 pain before taking medications located in the left side of the neck, left shoulder and left arm. Medications included Norco (since at least 3-18-15), Cymbalta (since at least 3-18-15), Methotrexate, Prednisone, Naproxen, Xanax and Ibuprofen. Medications reduced pain from 8/10 to 4/10 for 6 hours. She reported medications were working well, were beneficial for her functioning (no specifics given) and no side effects were reported. She reported an increase in activities of daily living at her most recent visit. The provider noted there was no evidence of dependency or suspected abuse. The IW was not working. Objective findings on 8-20-15 included tenderness in the cervical spine and posterior left shoulder. Motor testing was limited by pain. There were sensory deficits in the left C7 and C8 dermatomes in the hand and fingers. She was unable to abduct her left arm past about 100 degrees due to pain, which was improved from her 7-10-15 visit; passive range of motion was normal in the left upper extremity. The CURES report was appropriate with one provider and one pharmacy and the urine toxicology screen was reportedly consistent with the IW's prescribed medications. Treatments included medications, evaluation by the Health Education for Living with Pain (HELP) Program, ice and heat, pool and spa use. The treatment plan included work hardening sessions to transition the IW from modified duty to regular work. A Request for Authorization was received for Norco 10-325mg, #120 and Cymbalta 60mg, #30.

The Utilization Review on 9-15-15 non-certified the request for Norco 10-325mg, #120 and Cymbalta 60mg, #30 per the CA MTUS Chronic Pain Medical Treatment Guidelines.

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

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

**Norco 10/325mg, #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction.

**Decision rationale:** Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 60-120 mg/day of hydrocodone. According to the MTUS opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to allow for safe use of chronic opioid therapy. There is good documentation that the provider is following the MTUS guidelines. The patient is taking a first-line chronic pain medication (Cymbalta), has noted improved function and less pain with use of opioid medications, and is screening for aberrant drug-seeking behaviors. Continued use of Norco at the present dose remains an option in therapy. Medical necessity for continued use of this medication has been established. Therefore, the requested treatment is medically necessary.

**Cymbalta 80mg, #30:** Overturned

**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): Antidepressants for chronic pain, Duloxetine (Cymbalta).

**Decision rationale:** Cymbalta (duloxetine) is a serotonin-norepinephrine reuptake inhibitor (SNRI) indicated for the treatment of major depressive disorder, generalized anxiety disorder (GAD), fibromyalgia and neuropathic pain. The MTUS recommends tricyclic or SNRI antidepressants as a first line option for control of neuropathic pain and tricyclics as a possibility for treatment of non-neuropathic pain. Studies have shown that pain relief from Cymbalta is greater in patients with comorbid depression. This patient has comorbid depression and reports approximately a 50% improvement in her pain from her medications. There is no contraindication for continued use of Cymbalta. Medical necessity has been established. Therefore, the requested treatment is medically necessary.