

<b>Case Number:</b>	CM15-0186737		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	03/29/2010
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 59 year old female, who sustained an industrial injury on March 29, 2010. The injured worker was diagnosed as having cervical degenerative disc disease, status post cervical spinal fusion, clinically consistent cervical radiculopathy, cervical facetal pain and left shoulder adhesive capsulitis. Treatment to date has included diagnostic studies, surgical intervention of the cervical spine, functional restoration program, medications and work restrictions. Evaluation on July 15, 2015, revealed persistent neck pain with associated occipital headaches radiating to the bilateral shoulders. It was noted the pain was getting worse. It was noted she felt the functional restoration program overall helped the flexibility and strength but did not improve the pain. The physician recommended a psychiatric evaluation due to depression and crying spells secondary to continued pain and not being able to get Cymbalta. The treatment plan included continuing medications including Cymbalta and Opana, physical therapy and psychiatric care. Evaluation on August 5, 2015, revealed continued pain as noted on the previous visit. She rated her pain at 8-9 on a 1-10 scale with 10 being the worst. She noted the left shoulder pain was worse than the right and described it as burning, stinging and radiating. She noted the Opana 10mg dose worked better than the Opana 7.5 mg dose. Cymbalta and Opana were recommended. The RFA included requests for Cymbalta 30mg #60 and Opana ER 10mg #60 that were modified on the utilization review (UR) on August 21, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana ER 10mg #60:** 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.

**Decision rationale:** Opana ER 10mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation reveals that the patient has been on Opana ER without significant objective increase in function and with continued high pain levels therefore the request for Opana ER 10mg is not medically necessary.

**Cymbalta 30mg #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): Antidepressants for chronic pain.

**Decision rationale:** Cymbalta 30mg #60 is not medically necessary per the MTUS Guidelines. The MTUS states that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The documentation does not reveal evidence of increased function or efficacy of Cymbalta therefore continuation of this medication is not medically necessary.