

<b>Case Number:</b>	CM15-0021573		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	06/04/1993
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 female, who sustained an industrial injury on 06/04/1993. On provider visit dated 12/18/2014 the injured worker has reported chronic pain. On examination the injured worker was noted to have tenderness to palpation over shoulder, thoracic and lumbar back and the shins were noted to have small ulcers and petechia but no erythematous areas of infection. The diagnoses have included cervical degenerative disc, other kyphoscoliosis & scoliosis, carpal tunnel syndrome, chronic pain syndrome, lumbar degenerative disc, low back pain, thoracic spine pain, pain neck and reflex sympathetic dystrophy. Treatment to date has included medication. In the recent progress note, the claimant's pain was 9-10/10 in the involved areas. Pain score with medication was not noted. Similarly, the pain remained at a high level for several months without mention if the pain is with or without medication. On 01/08/2015 Utilization Review non-certified Percocet 5/325mg #30, Cymbalta 60mg #30, and Atienza 60mg #30. The CA MTUS Chronic Pain Medical Treatment Guidelines was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 5/325mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use; Weaning of.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Percocet for several months without significant improvement in pain or function as noted in the history - pain levels were not specifically noted with and without medications. The continued use of Percocet is not medically necessary.

**Cymbalta 60mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta); Antidepressants for chronic pain; SSRIs (.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants Page(s): 13-14.

**Decision rationale:** Cymbalta is an SNRI antidepressant. Antidepressants are an option, but there are no specific medications that have been proven in high quality studies to be efficacious for treatment of lumbosacral radiculopathy. SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition.. The claimant had been on Cymbalta for several months. As noted in the history - pain levels were not specifically noted with and without medications. The continued use of Cymbalta is not supported by evidence and is not medically necessary.

**Avinza 60mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use; Weaning of.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Avinza Page(s): 23.

**Decision rationale:** Avinza capsules are a brand of modified-release morphine sulfate indicated for once daily administration for the relief of moderate to severe breakthrough pain requiring continuous, around-the-clock opioid therapy for an extended period of time. In the recent progress note, the claimant's pain was 9-10/10 in the involved areas. Pain score with medication was not noted. Similarly, the pain remained at a high level for several months without mention if the pain is with or without medication. It is not indicated for mechanical or compressive etiologies. In this case, the claimant had been on Avinza for several months without significant

improvement in pain or function as noted in the history - pain levels were not specifically noted with and without medications. The continued use of Avinza is not medically necessary.