

<b>Case Number:</b>	CM15-0225746		
<b>Date Assigned:</b>	11/24/2015	<b>Date of Injury:</b>	03/26/2013
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	11/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2015

### 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: California  
 Certification(s)/Specialty: Emergency 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 41 year old female who sustained an industrial injury on 03-26-2013. According to a progress report dated 10-27-2015, the injured worker had successfully completed her functional restoration program. She reported that she had only been authorized for Oxycodone, but not Cymbalta and Lidocaine. She had "significant" flares since finishing the program. She reported ongoing back pain. Oxycodone brought pain from 8-9 out of 10 to 5. She believed that she was getting "significant" benefit from Lidoderm patches. The injured worker reported that she would like to be weaned off her opioid medications as there was a trend of denial of opioid medications. On physical examination, the injured worker continued to have "significant" myofascial spasm in her lumbar spine. She raised from her chair but was clearly moaning and wincing. Gait was unchanged. The provider noted that the injured worker's last urine drug screen did not show the presence of Oxycodone and that it was unclear why that was. A repeat drug screen was performed and found to be consistent. CURES reports were consistent, but she had been prescribed 5 tablets of Lorazepam by another provider. Current medications included Oxycodone HCL 5 mg four times a day, Lidoderm 5% two patches 12 hours on and 12 hours off and Cymbalta 30 mg every day. Diagnostic impression included other specified industrial and construction area as the place, radiculopathy site unspecified, muscle wasting and atrophy not elsewhere classified unspecified, abnormal weight gain, other intervertebral disc degeneration lumbar region and low back pain. Requested services included ten days in outpatient detoxification program, Oxycodone 5mg #112, Lidoderm 5% adhesive

patch #30 and Cymbalta 30 mg #30. On 11-12-2015, Utilization Review non-certified the request for Lidoderm patch 5% #30, Oxycodone HCL 5 mg #112 and Cymbalta DR 30 mg #30.

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

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

#### **Lidoderm patch 5% #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

**Decision rationale:** The requested Lidoderm patch 5% #30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)". It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has completed her functional restoration program. She reported that she had only been authorized for Oxycodone, but not Cymbalta and Lidocaine. She had "significant" flares since finishing the program. She reported ongoing back pain. Oxycodone brought pain from 8-9 out of 10 to 5. She believed that she was getting "significant" benefit from Lidoderm patches. The injured worker reported that she would like to be weaned off her opioid medications as there was a trend of denial of opioid medications. On physical examination, the injured worker continued to have "significant" myofascial spasm in her lumbar spine. She raised from her chair but was clearly moaning and wincing. Gait was unchanged. The provider noted that the injured worker's last urine drug screen did not show the presence of Oxycodone and that it was unclear why that was. A repeat drug screen was performed and found to be consistent. CURES reports were consistent, but she had been prescribed 5 tablets of Lorazepam by another provider. The treating physician has not documented objective evidence of functional improvement from the previous use of this topical agent. The criteria noted above not having been met, Lidoderm patch 5% #30 is not medically necessary.

#### **Oxycodone HCL 5mg #112: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

**Decision rationale:** The requested Oxycodone HCL 5mg #112, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional

benefit, as well as documented opiate surveillance measures. The injured worker has completed her functional restoration program. She reported that she had only been authorized for Oxycodone, but not Cymbalta and Lidocaine. She had "significant" flares since finishing the program. She reported ongoing back pain. Oxycodone brought pain from 8-9 out of 10 to 5. She believed that she was getting "significant" benefit from Lidoderm patches. The injured worker reported that she would like to be weaned off her opioid medications, as there was a trend of denial of opioid medications. On physical examination, the injured worker continued to have "significant" myofascial spasm in her lumbar spine. She raised from her chair but was clearly moaning and wincing. Gait was unchanged. The provider noted that the injured worker's last urine drug screen did not show the presence of Oxycodone and that it was unclear why that was. A repeat drug screen was performed and found to be consistent. CURES reports were consistent, but she had been prescribed 5 tablets of Lorazepam by another provider. The treating physician has not documented duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Oxycodone HCL 5mg #112 is not medically necessary.

**Cymbalta DR 30mg #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 (ODG), Pain Chapter, Antidepressants.

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

**Decision rationale:** The requested Cymbalta DR 30mg #30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-16, note that Cymbalta is "FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy." The injured worker has completed her functional restoration program. She reported that she had only been authorized for Oxycodone, but not Cymbalta and Lidocaine. She had "significant" flares since finishing the program. She reported ongoing back pain. Oxycodone brought pain from 8-9 out of 10 to 5. She believed that she was getting "significant" benefit from Lidoderm patches. The injured worker reported that she would like to be weaned off her opioid medications, as there was a trend of denial of opioid medications. On physical examination, the injured worker continued to have "significant" myofascial spasm in her lumbar spine. She raised from her chair but was clearly moaning and wincing. Gait was unchanged. The provider noted that the injured worker's last urine drug screen did not show the presence of Oxycodone and that it was unclear why that was. A repeat drug screen was performed and found to be consistent. CURES reports were consistent, but she had been prescribed 5 tablets of Lorazepam by another provider. The treating physician has not documented the medical necessity for the use of this anti-depressant as an outlier to referenced guideline negative recommendations, nor failed trials of recommended anti-depressant medication, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Cymbalta DR 30mg #30 is not medically necessary.