

<b>Case Number:</b>	CM15-0030889		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	10/31/2002
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: Physical Medicine & Rehabilitation

### 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 56 year old male, who sustained an industrial injury on 10/31/2002. The mechanism of injury was not provided for review. The injured worker was diagnosed as having lumbar and cervical radiculopathy and status post anterior cervical fusion and lumbar laminectomy. Treatment to date has included trigger point injections and medication management. Currently, a progress note from the treating provider dated 1/29/2015 indicates the injured worker reported left lower back with muscle stiffness and he received a lumbar trigger point injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids, Hydrocodone Page(s): 76-78, 88-89, 90.

**Decision rationale:** The 56 year old patient complains of localized pain in the left lower back along with stiffness in the lumbosacral musculature, as per progress report dated 01/29/15. The request is for Oxycontin 10 mg #30. The RFA for the case is dated 02/02/15, and the patient's date of injury is 10/31/02. Diagnoses, as per progress report dated 01/29/15, included lumbar radiculopathy and cervical radiculopathy. Medications included Oxycontin, Cymbalta, Lyrica and Arthrotec. The patient is permanently disabled, as per the same progress report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, only one progress report dated 01/29/15 has been provided for review and it documents the use of Oxycontin. A Urine Drug Screen report dated 01/29/15 is consistent with opioid use. However, the treating physician does not document reduction in pain in terms of change in pain scale nor does the treater use a validated scale to demonstrate an increase function due to Oxycontin use. No CURES reports are available for review and the treater does not list the side effects associated with Oxycontin in this patient. MTUS guidelines require a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request IS NOT medically necessary.

**Cymbalta 60mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain: Duloxetine (Cymbalta) Page(s): 15-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-17.

**Decision rationale:** The 56 year old patient complains of localized pain in the left lower back along with stiffness in the lumbosacral musculature, as per progress report dated 01/29/15. The request is for Cymbalta 60 mg # 30. The RFA for the case is dated 02/02/15, and the patient's date of injury is 10/31/02. Diagnoses, as per progress report dated 01/29/15, included lumbar radiculopathy and cervical radiculopathy. Medications included Oxycontin, Cymbalta, Lyrica and Arthrotec. The patient is permanently disabled, as per the same progress report. For Cymbalta, the MTUS Guidelines page 16 and 17 states, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used for off-label neuropathic pain and radiculopathy. Duloxetine is recommended as a first line option for diabetic neuropathy." In this case, only one progress report dated 01/29/15 has been provided for review. While it documents the use of Cymbalta, there is no indication of psychiatric problems and neuropathic pain for which Cymbalta is recommended by MTUS. Hence, the request IS NOT medically necessary.

**Lyrica 50mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs); Pregabalin (Lyrica) Page(s): 16-17, 19-20.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs, Medications for chronic pain Page(s): 19-20, 60.

**Decision rationale:** The 56 year old patient complains of localized pain in the left lower back along with stiffness in the lumbosacral musculature, as per progress report dated 01/29/15. The request is for LYRICA 50 mg # 90. The RFA for the case is dated 02/02/15, and the patient's date of injury is 10/31/02. Diagnoses, as per progress report dated 01/29/15, included lumbar radiculopathy and cervical radiculopathy. Medications included Oxycontin, Cymbalta, Lyrica and Arthrotec. The patient is permanently disabled, as per the same progress report. Regarding Lyrica for pain, MTUS Guidelines, pages 19-20, recommend it for "treatment of diabetic painful neuropathy and post-therpeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." In this case, only one progress report dated 01/29/15 has been provided for review. The physician has not documented that the patient is currently experiencing neuropathic pain and there is no discussion regarding the efficacy of this medication as required by MTUS on page 60. Hence, the request IS NOT medically necessary.

**Arthrotec 50mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 70-71.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, chapter 'Pain (chronic)' and topic 'Arthrotec® (diclofenac/ misoprostol).

**Decision rationale:** The 56 year old patient complains of localized pain in the left lower back along with stiffness in the lumbosacral musculature, as per progress report dated 01/29/15. The request is for ARTHROTEC 50 mg #90. The RFA for the case is dated 02/02/15, and the patient's date of injury is 10/31/02. Diagnoses, as per progress report dated 01/29/15, included lumbar radiculopathy and cervical radiculopathy. Medications included Oxycontin, Cymbalta, Lyrica and Arthrotec. The patient is permanently disabled, as per the same progress report. ODG guidelines, chapter 'Pain (chronic)' and topic 'Arthrotec (diclofenac/ misoprostol)', states the following: In the treatment of NSAIDs induced ulcers, omeprazole has proved to be at least as effective as misoprostol, but significantly better tolerated, and therefore misoprostol should not be considered a first choice treatment. In this case, only one progress report dated 01/29/15 has been provided for review and it documents the use of Arthrotec. However, there is no diagnosis of medication-induced gastritis. The treating physician does not explain why this medication was chose over first-line treatments. The report lacks the information required to make a determination based on MTUS. Hence, the request IS NOT medically necessary.