

<b>Case Number:</b>	CM15-0036851		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	04/08/2010
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: Texas, New York, 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:

The applicant is a represented 62-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of April 8, 2010. In a Utilization Review Report dated February 6, 2015, the claims administrator partially approved a request for Cymbalta while denying a request for fentanyl outright. A January 15, 2015 progress note was referenced in the determination. The claims administrator contended that the applicant has failed to profit from the medications at issue. The applicant's attorney subsequently appealed. On February 12, 2015, the applicant was asked to pursue repeat sacroiliac joint injection therapy. The applicant had received earlier SI joint injections on January 15, 2015. In a medical progress note of January 15, 2015, the applicant reported persistent complaints of low back pain. The applicant's work status was described as "unchanged," suggesting that the applicant was not working. On January 12, 2015, the applicant reported ongoing complaints of low back pain radiating into the left leg. The applicant reported reduced sitting and standing tolerance. The applicant presented with primary complaint of low back pain and ancillary complaint of depression. The applicant's medication list included Duragesic, Zoloft, and Cymbalta. The applicant's disability was described as "moderate-to-severe." Duragesic and Cymbalta were endorsed. It was suggested that the applicant was using Cymbalta for radicular pain as opposed to for depressive symptoms, although this was not clearly stated. On August 20, 2014, it was stated that the applicant had various chronic pain and depressive symptoms. The applicant had gained 10 pounds it was stated. The applicant's lifestyle was relatively sedentary. The applicant's chronic pain complaints were limiting her ability to

perform day-to-day activities of daily living, the treating provider acknowledged. In a psychological evaluation dated August 15, 2014, it was acknowledged that the applicant had ceased working owing to her chronic pain complaints and was apparently reducing her interaction with friends and family as a result of chronic pain.

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

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

**Fentanyl patch 25mcg Q72H #10: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for fentanyl (Duragesic), a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved a result of the same. Here, however, the applicant's work status was not outlined on multiple progress notes, referenced above, including on progress notes of January 5, 2015 and January 15, 2015. In a psychological report dated August 15, 2015, it was suggested that the applicant had ceased working owing to her chronic pain and/or depressive symptoms. The attending provider's documentation failed to outline any meaningful or material improvements in function effected as a result of ongoing Duragesic usage (if any). The applicant was described, for instance, as having gained significant amounts of weight on August 25, 2014, implying that the applicant was not, in fact, employing the opioids in question to improve day-to-day levels of activity. Therefore, the request was not medically necessary.

**Cymbalta 20mg 2 tabs PO QD #60 times 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta):Functional Restoration Approach to Chronic Pain Management Page(s): 15; 7.

**Decision rationale:** Similarly, the request for Cymbalta, an antidepressant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 15 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that, Cymbalta is FDA approved in the management of anxiety, depression, diabetic neuropathy, and fibromyalgia but can be employed off label for radiculopathy, as was present here this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion

of medication efficacy into his choice of recommendations. Here, however, the applicant was off work. The applicant is apparently limiting her day-to-day activities owing to chronic pain and/or depressive symptoms. The applicant has apparently gained weight owing to inactivity associated with chronic pain. Ongoing usage of Cymbalta has failed to curtail the applicant's dependence on opioid agents such as Duragesic (fentanyl). All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Cymbalta. Therefore, the request was not medically necessary.