

<b>Case Number:</b>	CM15-0052686		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	03/24/2010
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: 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 51 year old male who sustained an industrial injury on 03/24/2010. Current diagnoses include lumbar radiculopathy, right sacroiliac joint dysfunction, lumbar facet arthropathy, lumbar myofascial strain, lumbar stenosis, lumbar degenerative disc disease, right acromioclavicular joint arthropathy, right SLAP tear, right shoulder degenerative joint disease, shoulder pain, and right trochanteric bursitis. Previous treatments included medication management, transforaminal epidural steroid injection, medial branch block, right sacroiliac joint injections, chiropractic treatment, and acupuncture. Diagnostic studies included urine drug screening on 03/11/2015 and 11/26/2014, EMG, x-ray, CT, and MRI's. Electrodiagnostic studies on 10/30/13 revealed bilateral S1 radiculopathy. Initial complaints included neck, back, shoulder, and hip pain after repetitively lifting a patient. Report dated 02/18/2015 noted that the injured worker presented with complaints that included neck, mid back, and low back pain. Pain level was rated as 7 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included prescriptions for Cymbalta, Topamax, and Norco, and follow-up in 4 weeks. The 2/18/15 and 3/11/15 report note that plan is to wean Norco. Disputed treatments include Cymbalta and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 30 mg, thirty count:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43 - 44.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 43.

**Decision rationale:** According to the MTUS guidelines, Duloxetine (Cymbalta) is recommended as an option in first-line treatment option in neuropathic pain. In this case, the injured worker is diagnosed with lumbar radiculopathy and has evidence of bilateral S1 radiculopathy per electrodiagnostic studies performed on 10/13/13. Cymbalta is supported as first line adjuvant in the treatment of chronic neuropathic pain. The request for Cymbalta 30 mg, thirty count is medically necessary.

**Norco 10/325 mg, 120 count:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to the MTUS guidelines, chronic use of opioids is not recommended for non-malignant pain. The MTUS guidelines also note that the long term use of opioids leads to dependence and tolerance. In this case, the injured worker has been prescribed opioids for an extended period of time, and per the 2/11/15 and 3/11/15 report, weaning is to be initiated. Norco cannot be discontinued abruptly and should be gradually weaned. The request for Norco 10/325 mg #120 is therefore medically necessary.