

<b>Case Number:</b>	CM15-0068103		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	03/29/2000
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 49 year old, female who sustained a work related injury on 3/29/2000. The diagnoses have included chronic cervical strain, thoracic disc herniation, lumbar degenerative disc disease, and status post lumbar fusion. Treatments have included lumbar surgery, MRIs, epidural injections without benefit, medications, electrodiagnostic studies, CT lumbar myelogram, and psychotherapy. In the PR-2 dated 3/27/15, the injured worker appears to be in extreme discomfort. She is tearful, unkempt and very upset. The treatment plan is to again request inpatient pain management treatment and refills of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

**Decision rationale:** This medication is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Additionally, the documentation is lacking in regards to any physical examination with mention of muscle spasm that the Soma would treat. The request is not medically necessary and appropriate.

**Cymbalta 60mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta (duloxetine).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

**Decision rationale:** Recommended as an option in first-line treatment option in neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA approval for treatment of depression, generalized anxiety disorder, treatment of pain related to diabetic neuropathy, and fibromyalgia. Cymbalta is used off-label for neuropathic pain and radiculopathy. There is documented clinically present neuropathy following surgery in 10/04. However, here is no evidence that the IW had a functional improvement or decreased pain with use of Cymbalta. The request is not medically necessary.

**Diazepam 5mg, #252:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** According to MTUS guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. According to the progress notes, the IW has been using benzodiazepines for a prolonged time. This request is not medically necessary and appropriate.

**Methadone 10mg, #84:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines methadone Page(s): 61-62.

**Decision rationale:** Recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. Rules for use include that all changes in methadone dose should be made by your treating practitioner, there is notation in the progress notes of the IW

decreasing her dose independently and with no change in the pain level. The request is not medically necessary.

**Lyrica 100mg, unspecified quantity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Lyrica (pregabalin); Pregabalin (Lyrica).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 15-19.

**Decision rationale:** MTUS guidelines state that antiepileptic drugs are recommended for neuropathic pain. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. The patient should be asked at each visit as to whether there has been a change in pain or function. There is documented clinically present neuropathy following surgery in 10/04. However, there was no documentation of objective functional benefit with prior use of this medication and there is notation that the Lyrica was not helping the patient's pain. The request is not medically necessary and appropriate.

**Pain management program, inpatient:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs Page(s): 32.

**Decision rationale:** According to MTUS guidelines, inpatient pain management programs may be appropriate for patients who: don't have the minimal functional capacity to participate effectively in an outpatient program, have medical conditions that require more intensive oversight, are receiving large amounts of medications necessitating medication weaning or detoxification or have complex medical or psychological diagnosis that benefit from more intensive observation and/or additional consultation during the rehabilitation process. The documentation shows that the IW has been in chronic pain on chronic medications with high doses and minimal pain control as well as minimal ability for ADLs. The use of an inpatient pain management program is medically necessary for this IW.