

<b>Case Number:</b>	CM15-0083247		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	11/09/1998
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 57 year old male, who sustained an industrial injury on 11/9/1998. Diagnoses have included persistent right side greater than left-sided neck pain, rule out facet joint syndrome and chronic low back pain. Treatment to date has included cervical spine fusion, magnetic resonance imaging (MRI) and medication. The injured worker underwent successful right C4, C5 and C6 dorsal median branch diagnostic blocks on 3/6/2015. According to the progress report dated 4/9/2015, the injured worker complained of ongoing neck, upper extremity and low back pain. His current pain level was 3/10. The injured worker reported that the recent dorsal median block decreased his pain from 7/10 to 3/10. Exam of the cervical spine showed tenderness to palpation over the left paraspinal muscles. Exam of the lumbar spine showed tenderness to palpation over the right paraspinal muscles. Authorization was requested for Norco, Cymbalta and Ambien.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325milligrams, 4 times per day, #120 for the neck and lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 4 A's Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80.

**Decision rationale:** Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of norco is not substantiated in the records.

**Cymbalta 60 milligrams, once a day, #30 with 3 refills for the neck and lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 15-16.

**Decision rationale:** At issue in this review is the prescription of Cymbalta. Duloxetine or Cymbalta is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Per the guidelines, it is used off-label for neuropathic pain and radiculopathy but there is no high quality evidence reported to support the use of duloxetine for lumbar radiculopathy. There is no documentation of a discussion of efficacy or side effects and given the current diagnoses, the records do not support the medical necessity of ongoing use of Cymbalta.

**Ambien 12.5 milligrams every hour of sleep #30 with 3 refills for the neck and lumbar:** 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), Zolpidem.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate: treatment of insomnia and drug information - Zolpidem.

**Decision rationale:** Zolpidem (Ambien) is used for the short-term treatment of insomnia who have difficulty with sleep onset. Patients with insomnia should receive therapy for any medical or psychiatric illness, substance abuse, or sleep disorder that may cause the problem and be counseled regarding sleep hygiene. After this, cognitive behavioral therapy can be trialed prior to medications. In this injured worker, the sleep pattern, hygiene or level of insomnia is not addressed. There is also no documentation of a discussion of efficacy or side effects. The documentation does not support the medical necessity for ambien.