

<b>Case Number:</b>	CM15-0087132		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	01/13/2002
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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: 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:

This 53 year old female sustained an industrial injury to the back, neck and right shoulder on 1/13/02. Magnetic resonance imaging lumbar spine (5/2009) showed mild to moderate spinal stenosis with facet arthritic changes. Electromyography/nerve conduction velocity test bilateral lower extremities (2/2/15) contained findings consistent with right L5 radiculopathy. Electromyography/nerve conduction velocity test bilateral upper extremity (2/20/15) showed left C7 radiculopathy with mild left carpal tunnel syndrome. Previous treatment included magnetic resonance imaging, cervical fusion, epidural steroid injections, trigger point injections, psychotherapy and medications. In a PR-2 dated 4/14/15, the physician noted that the injured worker was there for ongoing low back and shoulder pain. The injured worker had been authorized for an epidural steroid injection but had yet to be contacted. The physician noted that a random urine drug screen done during the office visit was consistent. The injured worker needed a refill of all her medications. No physical assessment was documented. Current diagnoses included chronic low back pain and right lower extremity pain, chronic neck and shoulder pain, chronic neck pain, status post cervical fusion, bilateral carpal tunnel syndrome and severe depression. The injured worker had been prescribed Norco, Zanaflex, Cymbalta, Xanax, Abilify and Prilosec since at least 10/1/14. The treatment plan included prescriptions for Norco, Zanaflex and Cymbalta and requesting authorization for a psychotherapy consultation with follow-up visits so they could manage her antipsychotic medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Weaning of Medications Section Page(s): 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Norco since at least November 2014 without documentation of significant pain relief or increase in function. A prior review has recommended that this medication be weaned and this should have already been completed. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg #120 is determined to not be medically necessary.

**Zanaflex 4mg #120 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Tizanidine (Zanaflex). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Non-sedating muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Section Page(s): 63-66.

**Decision rationale:** Zanaflex is FDA approved for the management of spasticity. The use of muscle relaxants for pain is recommended with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. There is some support for using Zanaflex in the treatment of myofascial pain syndrome and as an adjunct treatment for fibromyalgia. The injured worker is using Zanaflex in a chronic nature without documentation of significant measurable pain relief of increased function. There is no documentation of an acute exacerbation of pain. Additionally, a prior review recommended this medication for weaning. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Zanaflex 4mg #120 with 1 refill is determined to not be medically necessary.

**Cymbalta 60mg #30 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Antidepressant Section Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) Cymbalta Section Page(s): 49.

**Decision rationale:** MTUS guidelines state that Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. Side effects include CNS: dizziness, fatigue, somnolence, drowsiness, anxiety insomnia GI: nausea and vomiting, and weight loss. There is no documentation of objective functional improvement of significant pain relief with prior use of this medication. In addition, a previous review recommended weaning of this medication. The request for Cymbalta 60mg #30 with 1 refill is determined to not be medically necessary.

**Cymbalta 30mg #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Antidepressant Section Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) Page(s): 49.

**Decision rationale:** MTUS guidelines state that Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. Side effects include CNS: dizziness, fatigue, somnolence, drowsiness, anxiety insomnia GI: nausea and vomiting, and weight loss. There is no documentation of objective functional improvement of significant pain relief with prior use of this medication. In addition, a previous review recommended weaning of this medication. Additionally, this appears to be a duplicate request. The request for Cymbalta 30mg #30 with 1 refill is determined to not be medically necessary.