

<b>Case Number:</b>	CM14-0116686		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	01/16/2006
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

7/15/14 progress note documented the patient was taking Oxycontin 20mg qd (everyday), Soma 350mg qd or bid (twice a day) and Lyrica. He described neck pain persisted. The medication reduced his pain level and he can do daily activities and function. His pain level was 7/10 and his mood was fair. His activity level was 2/5 and his sleep was poor. He is doing the daily activities and was not working. Clinically, his mood was better and there was no tenderness of the occipital area. There was moderate tenderness over the bilateral cervical paraspinal and upper trapezium muscles. Muscle strength was 5/5 in the bilateral upper extremities expect for mild weakness at the left abductor pollicis brevis (APB) muscle. Sensation was decreased in the left upper arm, forearm and left fourth and fifth fingers. Cervical ROM (range of motion) was limited. He was advised to continue Oxycontin and Lyrica and start Cymbalta. 7/15/14 UDS (urine drug screen) showed positive for Oxy. 4/18/14 UDS showed positive for THC, Oxy and Vicodin. 1/18/14 NCS/EMG of the upper limbs revealed left ulnar nerve neuropathy and left C8/T1 radiculopathy. 6/28/13 MRI of the cervical spine showed multilevel disc bulge and foraminal stenosis. Treatments to date include trial of Norco, Morphine, Gabapentin, PT, epidural injections, Lyrica and Cymbalta. Morphine and PT did not help. Epidural injections afforded him mild pain relief. Gabapentin caused him dry mouth. Lyrica and Cymbalta provided no difference for his pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 20mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

**Decision rationale:** Medical necessity for Oxycontin 20mg, #60 is not established. The most recent medical report states that the patient presented with ongoing persistent neck pain. The current medications he is taking Oxycontin 20 mg qd, Soma 350mg qd or bid and Lyrica. However, given the 2006 date of injury, the duration of opiate use to date is not clear. In addition, there is no rationale for concurrent prescriptions for Oxycontin when the visual analog scales before and after taking opiate medications is not provided. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Non-certification here does not imply abrupt cessation for a patient who may be at risk for withdrawal symptoms. Recommend non-certification.

**Cymbalta 30mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 15-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 15-16.

**Decision rationale:** Medical necessity for Cymbalta 30mg, #60 is not established. CA MTUS states that Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is used off-label for neuropathic pain and radiculopathy, and is recommended as a first-line option for diabetic neuropathy. The patient is suffering from chronic neck injury and neuropathic pain. He did a trial of Cymbalta. However, most recent medical report stated that Cymbalta provided no difference for his pain. It is unclear why this medication is requested when it has not provided a substantial relief. Without significant improvement noted, continuation of treatment is not substantiated. Recommend non-certification.