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| <b>Case Number:</b>   | CM14-0123536 |                              |            |
| <b>Date Assigned:</b> | 09/16/2014   | <b>Date of Injury:</b>       | 07/31/1995 |
| <b>Decision Date:</b> | 10/21/2014   | <b>UR Denial Date:</b>       | 07/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/04/2014 |

### 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 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:

The injured worker is a 64-year-old female who reported an injury on 07/31/1995. The mechanism of injury occurred due to her tripping over a box. Her diagnoses included lumbago. The injured worker's past treatments included psychotherapy, acupuncture, chiropractic therapy, massage therapy, medications, and physical therapy. Her diagnostic exams included multiple MRI's of the lumbar spine and psychological evaluation. The injured worker's surgical history was not clearly indicated in the clinical notes. There were no recent subjective complaints as there were no recent clinical notes submitted with the documentation. The injured worker's objective physical exam findings were not available, as there were no recent clinical notes submitted. The injured worker's medications included methadone, Norco 10/325, Flexeril, Effexor, Cymbalta 30 mg, Amrix 15 mg. A recent clinical note with a treatment plan was not included in the clinical notes. A request was received for Cymbalta 30mg #30 one by mouth daily, Amrix 15 mg #30 one by mouth daily, and Methadone 10 mg #90 two by mouth in the morning and 1 by mouth at night. The rationale for the request was not clearly indicated in the clinical notes. The request for authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 30 mg., # 30, 1 by mouth daily:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**Decision rationale:** The California Guidelines recommend Cymbalta for anxiety, depression, diabetic neuropathy, and fibromyalgia. Cymbalta 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. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. For chronic low back pain, a systematic review indicated that selective reuptake inhibitors such as have not been shown to be effective for low back pain. Based on the clinical notes, the injured worker was using Cymbalta for depression, secondary to her chronic low back complaints. The clinical notes also indicated that the injured worker has been treated for depression with Cymbalta for an extended period of time. The long term use of anti-depressants has not been evaluated and therefore not supported. Also, the clinical notes failed to identify recent objective physical and subjective complaints to warrant the continuation of Cymbalta. There must be recent objective evidence that the medication provided significant efficacy to support its continued use. Additionally, the clinical notes lack an evaluation of function, changes in use of other analgesic medication, sleep quality and duration. These assessment points must be addressed in order to continue the medications. Therefore, due to an extended use of the medication, lack of documentation indicating recent objective physical and subjective complaints; and lack of support from the guidelines, the request is not supported. Thus, the request for Cymbalta 30mg, #30, 1 by mouth daily, is not medically necessary.

**Amrix 15 mg., # 30 1 by mouth every day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41, 64.

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

**Decision rationale:** The request for Amrix 15mg #30, 1 by mouth daily, is not medically necessary. The California MTUS guidelines recommend muscle relaxants for the treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. The efficacy of muscle relaxants appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In regard to Amrix, a Cyclobenzaprine, the guidelines recommend its use for a short course of therapy. Based on the clinical notes, the injured worker has been using Cyclobenzaprine since 1995, which would not be supported by the guidelines. The clinical notes indicated that the injured worker had low back pain, which would be supported by the guidelines as an indication of use. However, there is an absence of recent documentation indicating negative functionality and spasms to warrant the continued use of the medication. There must be recent

objective clinical evidence indicating the inability to perform activities of daily living and significant pain/spasms to reinforce the continued use of cyclobenzaprine. Therefore, due to lack of documentation indicating duration of use, recent clinical documentation, and lack of evidence showing decreased function, the request is not supported. Thus, the request for Amrix 15 mg, #30, 1 by mouth daily, is not medically necessary.

**Methadone 10 mg., # 90, 2 by mouth in AM and 1 by mouth in the PM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61, 78.

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

**Decision rationale:** The request for Methadone 10mg, #90, 2 by mouth in AM and 1 by mouth in PM is not medically necessary. The California MTUS guidelines recommend Methadone as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. Also, since Methadone is considered an opioid there must be chronological quantitative documentation that assesses pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or no adherent) drug-related behaviors. Based on the clinical notes, there is no recent documentation that indicated moderate to severe pain that inhibited her functionality to warrant the continued use of Methadone. The use of Methadone is based on moderate to severe pain if the potential benefit outweighs the risk. Also, the clinical notes failed to identify that the four domains for ongoing opioid monitoring were used. The four domains of opioid ongoing monitoring must be documented in order to establish baseline efficacy of the medication and any negative side effects. Additionally, the clinical notes failed to identify that urine drug screens were being used to monitor the injured worker drug use. The absence of recent clinical documentation is not supported by the guidelines, as there is no evidence for the continued use of the medication. Moreover, the abrupt discontinuation of Methadone could cause withdrawal symptoms and should be properly weaned to avoid complications. Therefore, due to lack of objective recent clinical documentation indicating the use of the four domains of ongoing opioid monitoring, evidence indicating the use of urine drug screens, and an absence of recent documentation showing moderate to severe pain which inhibited her functionality, the request is not supported. Therefore, the request for Methadone 10mg, #90, 2 by mouth in AM and 1 by mouth in PM is not medically necessary.