

<b>Case Number:</b>	CM14-0123952		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	04/01/2004
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 & 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:

The injured worker is a 54-year-old male who reported an injury on 04/01/2004 while being employed as a diesel mechanic, he was on his back on a creeper to look underneath a truck. As he pushed the creeper with his legs his back popped and his legs felt very warm. The injured worker had an MRI scan that revealed T12-L1 along with disc height loss at L1-2. There were hyperintense zones in the posterior aspect of the annulus at T12-L1 and L1-2. CT scan revealed stenosis at L1-2 level with instability at this segment as well. Medications were Lyrica, OxyContin, baclofen, Lidoderm 5% patch, Lunesta, Pamelor, Percocet, and Lunesta. Examination revealed the injured worker exhibited guarded posture. He moved as if his spine was rigid and would take very ginger steps when he walked. Diagnoses were lumbar degenerative disc disease, lumbar spinal stenosis at L1-2, lumbar radiculopathy, bilateral lower extremities, intractable low back pain, status post hardware removal L2-3 with L1-3 laminotomy/discectomy for left leg sciatica, 8/11/11, status post re-exploration of lumbar spine with hardware removal L3 to the sacrum as well as discectomy with interbody fusion L2-3 with pedicle screws, 05/27/2010, status post decompression and fusion at L3 to the sacrum, 07/14/2005, status post T9 pelvis posterior spinal fusion and re instrumentation L1-2 TLIF interbody fusion, 03/20/2014. The rationale and request for authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 40 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 78-80, 92, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management, Page(s): 78.

**Decision rationale:** The decision for OxyContin 40 mg #90 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend for ongoing management, there should be documentation of the "4 A's" including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The "4 A's" for ongoing management of an opioid medication were not reported. The efficacy of this medication was not reported. Functional improvement for the injured worker was not reported. The request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.

**Percocet 5/325 mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 78-80, 92, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management, Opioid Dosing Page(s): 78,86.

**Decision rationale:** The decision for Percocet 5/325 mg #150 is not medically necessary. The California Medical Treatment Utilization Schedule states for ongoing monitoring of an analgesic medication there should be documentation of the "4 A's" for analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. There should be documentation of an objective improvement in function, and objective decrease in pain. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The injured worker exceeds the 120 mg oral morphine equivalents per day. Functional improvement was not reported. There were no other significant factors provided to justify the use outside of current guidelines; therefore, this request is not medically necessary.

**Cymbalta 30 mg #60 with 3 refills:** Upheld

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

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

**Decision rationale:** The decision for Cymbalta 30 mg #60 with 3 refills is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend Cymbalta as an option in first line treatment for neuropathic pain. The 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. There is a lack of evidence of an objective assessment of the injured worker's pain level.

Furthermore, there is a lack of documented evidence of efficacy of the injured worker's medications. The frequency of the medication was not provided in the request as submitted. Therefore, this request is not medically necessary.