

<b>Case Number:</b>	CM14-0146911		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/30/2007
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 60-year-old male who sustained injuries to cervical, shoulders, back, spine, upper and lower extremities, internal, and psyche on 7/30/07. He had one episode of major depressive disorder related to pain. He had increased right shoulder pain (6/10) and back pain and bilateral lower extremity pain (5/10). Exam showed tenderness from C2 to C6, over bilateral shoulders - right more than left, from L1 to S1, and over bilateral knees. L-spine MRI in 02/2014 revealed degenerative disc disease most prominent at L2-3 and L3-4 with mild diffuse disc bulging resulting in mild to moderate bilateral neuroforaminal narrowing, mild to moderate central canal stenosis at L4-5 due to facet hypertrophy, ligamentum flavum thickening, congenital narrowing, and mild epidural fat. He had umbilical hernia surgery, carpal tunnel surgery on left and right, cervical fusion, 2 rhinoplasties, left knee arthroscopic surgery, and right shoulder surgery. Past treatments include ESI, heat treatment, ice treatment, PT, chiropractic, and TENS unit. Medications include Senokot-S, Cymbalta, MS Contin works well, Naprosyn, Klonopin which he has been on for 4 months, Baclofen, Ambien, Topamax, Nexium, Lisinopril, Aspirin, and Symbicort. Diagnoses include lumbosacral neuritis, NOS, lumbosacral disc degeneration, lumbar spinal stenosis, right groin pain, obesity NOS, shoulder joint pain, joint pain- leg, bilateral knee DJD, right CTS. The request for 1 month supply of Klonopin 1mg, 1 month supply of MS Contin 15mg were denied, and the request for 1 month supply of Cymbalta 30mg was modified to 1 Month Supply of Cymbalta 30 mg 1 t.i.d. (90 Tablets) on 08/12/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 month supply of Klonopin 1.0mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain

**Decision rationale:** According to the guidelines, Clonazepam (Klonopin) is not recommended. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Furthermore, if a diagnosis of an anxiety disorder exists, a more appropriate treatment would be an antidepressant. The medical records do not reveal a clinical rationale that establishes Klonopin is appropriate and medically necessary for this patient. Klonopin is not medically necessary.

**1 month supply of MS Contin 15mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 91-93.

**Decision rationale:** As per the MTUS guidelines, MS Contin is a controlled, extended and sustained release preparations should be reserved for patients with chronic pain, who are need of continuous treatment. Guidelines indicate that four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. There is no evidence of urine drug test in order to monitor compliance. The medical documents do not support continuation of opioid pain management. Therefore, MS Contin15mg is not medically necessary.

**1 month supply of Cymbalta 30mg: 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 Cymbalta Page(s): 42.

**Decision rationale:** Per guidelines, Duloxetine (Cymbalta) is an antidepressant in the class called Selective serotonin and norepinephrine reuptake inhibitors (SNRIs), FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Use 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. The IW is noted that had one episode of depressive disorder in the past. However, there is no documentation of recent depression or anxiety. There is no diagnosis of diabetic neuropathy or fibromyalgia. Such as, Cymbalta 30mg is not medically necessary.