

<b>Case Number:</b>	CM14-0168067		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	11/29/2001
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Internal 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 (IW) is a 53-year-old woman with a date of injury of November 29, 2001. The mechanism of injury is a slip and fall. The office visit note dated August 26, 2014 indicates that the IW has ongoing pain in the bilateral knees, elbows and wrist. She reports 3-4/10 pain with medications. On examination there is documentation of bilateral knee tenderness and swelling; strength is 4-5/5. There is a plain film reports dated April 2, 2014 of the left knee, which was unremarkable. The right knee has findings of osteoarthritis in the medial compartment and hardware in the lateral compartment. The Pain Management Evaluation Report dated August 26, 2014 indicates that the IW has dependency on narcotic medications for management of her chronic pain condition. Currently, she is receiving her medications through mail-in pharmacy. She states that her medication regimen continues to provide her adequate pain relief and allows her to get out of bed and perform her daily functions. She states that her pain is 7-8/10 without medications and 3-4/10 with medications. Current medications are: Norco 10/325mg on average QID and Cymbalta 60mg once a day. Physical examination of the right knee reveals slight swelling. There is tenderness over the medial meniscus. There is positive McMurray's test. There is full range of motion of the left knee and no significant. Manual muscle testing of the lower extremity reveals diminished muscle strength at 4/5 in the right knee flexion and extension, 5-/5 in the right knee flexion and extension, and 5-/5 in the left knee flexion and extension. Diagnoses include: Bilateral knee internal derangement, s/p multiple surgeries with chronic bilateral knee pain; new onset right knee swelling, inflammation, and increased pain. And chronic pain syndrome with chronic opioid tolerance. The plan is for the IW to remain on her current medication regimen, as they have been helpful at keeping her functional.

### 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 Opiates, Ongoing Management; Page(s): 75-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Opiate Use

**Decision rationale:** Pursuant to the California MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325#120 is not medically necessary. According to the guidelines opiates are indicated when non-opiate drugs did not satisfactorily reduce pain. Providers caring for patients taking opiates long-term need to document a treatment plan that includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. In this case, the injured worker as of August 26, 2014 continues to complain of ongoing pain in the knees bilaterally, elbows, and wrists. The injured worker quantitate the pain at 3 to 4 out of 10 with medications. Physical examination shows bilateral knee tenderness and swelling. X-rays of the right knee show findings compatible with osteoarthritis. The left knee was unremarkable. Medical record does not demonstrate significant functional improvements. Additionally, the pain management specialist from 8/2014 states the IW has dependency on narcotic opiate medications for management of her chronic pain condition. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Norco 10/325#120 is not medically necessary.

**Cymbalta 60mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Duloxetine (Cymbalta)

**Decision rationale:** Pursuant to the Official Disability Guidelines duloxetine (Cymbalta) is not medically necessary. The Guidelines recommended it as an option in first-line treatment of neuropathic pain. Starting dose is 20 to 60 mg per day and there is no advantage in increasing the dose to twice a day, except in fibromyalgia. Therefore, the recommended dose is 60 mg per day. In this case, the treating physician requested Cymbalta 60 mg #60. This would suggest Cymbalta 60 mg one tablet twice a day. Prior prescriptions were Cymbalta 60mg #30 indicating one tablet per day. There is no added benefit to doses above 60 mg except in fibromyalgia. This injured worker does not have complaints of fibromyalgia. Additionally, the injured worker continues to complain of pain bilaterally in the knees, elbows and wrists. Position she quantifies her pain as 3 to 4/10 with the medications. There is no objective functional improvement with the use of

Cymbalta. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Cymbalta 60 mg #60 is not medically necessary.