

<b>Case Number:</b>	CM14-0182494		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	09/26/2003
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 patient is a 69-year-old male with date of injury of 09/26/2003. The treating physician's listed diagnoses per 10/01/2014 are: 1. Calcific tendinitis of the right supraspinatus tendon. 2. Reduced IVS, moderately stenotic at L5-S1 on the right and a 4-mm disk herniation and left lateral recess stenosis per MRI. 3. Hypogonadotropic hypogonadism. 4. Arthroscopic repair of the right rotator cuff and acromioplasty from 05/09/2008. 5. Status post epidural from 04/26/2010 with benefit for a spinal pain and neuropathic radiculopathy. 6. Acute exacerbation of chronic lumbosacral spinal pain and ongoing intraarticular shoulder symptoms consistent with impingement syndrome with decreased range of motion and potential rotator cuff tear. 7. Right ulnar and median neuropathy. According to this report, the patient complains of low back and lumbar pain. The patient is experiencing back stiffness and pain. He rates his pain 4/10. The patient also complains of shoulder pain with aching, tingling, and numbness at a rate of 3/10. The patient has "appropriate use of medications" and prior ESI is still beneficial for the patient. The examination shows the patient still has significant amount of tenderness in the right shoulder. The patient is tender across the lumbosacral area of the spine with complaints of increasing pain over the last several weeks. He has radicular symptoms. S1 dermatome and L5 dermatome demonstrates decreased light touch sensation on the right. The 06/11/2014 report shows that the patient continues to complain of back and low back pain with stiffness. He continues to complain of shoulder pain which is achy, tingling, and numbing at a rate of 6/10 to 7/10. The examination on 06/11/2014 and 05/14/2014 show the same findings from the 10/01/2014 report. The documents include an MRI of the lumbar spine from 12/23/2011, MRI of the right shoulder from 12/23/2011, MRI of the lumbar spine and right shoulder from 04/13/2014, MRI of the lumbar spine and right shoulder from 02/20/2014, transforaminal

epidural steroid injection operative report from 12/18/2013, QME report from 12/18/2009, QME report from 04/20/2011, and progress reports from 01/28/2013 to 10/01/2014. The utilization review denied the request on 10/16/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cymbalta 60mg #30 with 4 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain ,Selective Serotonin and Norepinephrine Reuptake Inhibitors (SNRI).

**Decision rationale:** This patient presents with low back pain. The treating physician is requesting CYMBALTA. The MTUS Guidelines page 16 and 17 on selective serotonin and norepinephrine reuptake inhibitors (SNRI) on duloxetine (Cymbalta) states that it is used off label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first line option for diabetic neuropathy. MTUS page 60 on the medications for chronic pain states that pain assessment on functional changes must also be noted when medications are used for chronic pain. The records show that the patient was prescribed Cymbalta in 2010. Despite the review of reports from 01/28/2013 to 10/01/2014, the treating physician does not mention medication efficacy as it relates to the use of Cymbalta. MTUS page 60 require recording of pain and function when medications are used for chronic pain. The request is not medically necessary.

**Prilosec 20mg #30 with 4 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and Cardiovascular Risks Page(s): 68 and 69.

**Decision rationale:** This patient presents with low back pain. The treating physician is requesting Prilosec. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, " Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The records show that the patient has been prescribed Prilosec since 2009. The patient's medication include acetaminophen, Cymbalta, Diovan, Dulera, Flovent, gabapentin, glyburide, Januvia, losartan, , Percocet, Prilosec, and simvastatin. The patient is

currently not on NSAIDs. While the patient is 69 years of age, he is currently not taking any NSAIDs + low-dose ASA and there are no reports of gastrointestinal events. The request is not medically necessary.

**Percocet 5/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids ,On-Going Management, Page(s): 88 and 89,78..

**Decision rationale:** This patient presents with low back pain. The treating physician is requesting Percocet. For chronic opiate use, the MTUS Guidelines pages 88 and 89 on criteria for use of opioid states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 on ongoing management also require documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of the pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed Percocet on 10/01/2013. The 10/01/2014 report notes that the patient's current pain level is 3/10 in the shoulder and 4/10 in the lumbar spine. The treating physician notes, "The patient has appropriate use of the medications, and the prior ESI is still beneficial for the patient." The treating physician has provided a pain scale to denote patient's current pain; however, he does not provide before and after pain scales to show analgesia. The treating physician does not discuss medication efficacy, no specific regarding ADLs, no significant improvement, no quality of life changes, and no discussions regarding "pain assessment" as required by MTUS. There are no discussions regarding side effects and aberrant drug seeking behavior such as a urine drug screen or CURES report. The request is not medically necessary.

**Gabapentin 600mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Page(s): 18 and 19..

**Decision rationale:** The patient presents with low back pain. The treating physician is requesting GABAPENTIN. The MTUS Guidelines page 18 and 19 on gabapentin states that it has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. MTUS page 60 states that for medications use for chronic pain, effects in terms of pain reduction and functional gains must also be documented. The records show that the patient was prescribed gabapentin in 2009. The treating physician notes on 10/01/2014, "The patient has appropriate use of the medications, and the prior ESI is still beneficial for the patient." The treating physician does not

discuss medication efficacy including functional improvement and pain relief and MTUS requires this for continued use of this medication. The request is not medically necessary.