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| <b>Case Number:</b>   | CM14-0097688 |                              |            |
| <b>Date Assigned:</b> | 07/28/2014   | <b>Date of Injury:</b>       | 02/07/1996 |
| <b>Decision Date:</b> | 09/16/2014   | <b>UR Denial Date:</b>       | 06/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/25/2014 |

### 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 Family Practice 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:

54 years old female claimant sustained a work injury on 2/7/96 involving the neck and upper extremities. She was diagnosed with post-laminectomy syndrome and cervical spondylosis. A progress note on 2/3/14 indicated the claimant had palpatory pain in the neck, an antalgic gait and restricted range of motion of the cervical spine. The claimant was prescribed Vicodin, Cymbalta (used since 3/2012), Wellbutrin, Relpax (used since 6/07), Senna (used since 2007) and MSContin (used since 11/06).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 30mg, 30 Capsules (2 refills): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14.

**Decision rationale:** Cymbalta is an SNRI (Serotonin-Norepinephrine Reuptake Inhibitor) antidepressant. Antidepressants are an option, but there are no specific medications that have been proven in high quality studies to be efficacious for treatment of lumbosacral radiculopathy. SSRIs have not been shown to be effective for low back pain (there was not a significant

difference between SSRIs (Serotonin Reuptake Inhibitors) and placebo) and SNRIs have not been evaluated for this condition. In addition, the claimant had been on another antidepressant Wellbutrin. There is no indication why the claimant required 2 antidepressants. The claimant had been on Cymbalta for 2 years. The continued use is not supported by any evidence and is not medically necessary. Therefore, the request of Cymbalta 30mg, 30 Capsules (2 refills) is not medically necessary and appropriate.

**MS Contin 30mg, 30 Tablets (2 refills): 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): 82-92.

**Decision rationale:** According to the MTUS guidelines, opioids such as MSContin are not recommended for mechanical or compressive etiologies. It is addictive. It is intended for short-term use and long-term studies have not been established. In addition, the documentation does not specify the clinical response over 7 years of use. Based on the lack of supporting clinical evidence and the recommendations of the guidelines, the continued use is not medically necessary. Therefore, the request of MS Contin 30mg, 30 Tablets (2 refills) is not medically necessary and appropriate.

**Relpax 40mg 9 Tablets (2 refills): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.drugs.com/search.php?searchterm=relpax> - Relpax (eletriptan).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head pain.

**Decision rationale:** Relpax is a Triptan used for migraines. The MTUS and ODG guidelines do not comment on Triptans. According to the ODG guidelines, Triptans are recommended for migraine sufferers. The claimant had been on Relpax for 7 years. The documentation does not detail the nature of the headaches or failure to other medications. The use of Relpax is not supported and therefore not medically necessary. As such, the request of Relpax 40mg 9 Tablets (2 refills) is not medically necessary and appropriate.

**Senna 8.6mg, 60 Tablets (2 refills): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 82-92.

**Decision rationale:** According to the MTUS guidelines, stool softeners are recommended when initiating opioids. The claimant has been on opioids for many years and as noted above no longer is necessary to remain on MSContin. There is no mention of bowel symptoms. The continued use is therefore not medically necessary. As such, the request of Senna 8.6mg, 60 Tablets (2 refills) is not medically necessary and appropriate.