

<b>Case Number:</b>	CM14-0211055		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	09/11/1995
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 underlying date of injury in this case is 09/11/1995. The date of utilization review under appeal is 11/21/2014. The treating diagnoses include lumbar stenosis. On 11/14/2014 the patient was seen in primary treating physician followup. The treating physician noted that worker's compensation had denied all medications. The medications included Venlafaxine, Cymbalta, Montelukast, Diclofenac, Lyrica, and Norco. The treating physician noted that these medications allowed the patient to function in a normal matter and the patient was also using her TENS unit again. On examination the patient had a healed midline lumbar scar with right paralumbar tenderness. Straight leg raising was negative. The patient had dorsiflexion and plantar flexion weakness of both feet, worse on the right. The Assessment included lumbar stenosis. The treatment plan included continuing Norco, Effexor, Diclofenac, Lyrica, Cymbalta, and Singulair. Previously, on 10/16/2014, the treating physician noted that the patient felt that taking Cymbalta, Lyrica, Effexor, Singulair and Norco and Diclofenac for chronic back pain and allowed her to function normally and kept the inflammation in her back down. She was concerned that she had not been able to get all of her medications approved. Previously on 08/14/2014 the treating physician noted that the patient's medications were part of a negotiated settlement for long-term care providing the patient with the ability to function reasonably well on a daily basis. A prior physician review noted that there was no documentation of efficacy as had been recommended in the utilization review of 07/30/2014 and there was no documentation of efficacy of Diclofenac or Norco.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 30mg #270 (refill x3): Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 15.

**Decision rationale:** California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, page 15, states that this is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia and used off-label for neuropathic pain and radiculopathy. This medication is indicated as a first-line treatment for multiple diagnoses applicable in this case. The abuse potential in this medication is limited if the patient reports significant benefit. This request is medically necessary.

**Cymbalta 60mg: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 15.

**Decision rationale:** California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, page 15, states that this is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia and used off-label for neuropathic pain and radiculopathy. This medication is indicated as a first-line treatment for multiple diagnoses applicable in this case. The abuse potential in this medication is limited if the patient reports significant benefit. This request is medically necessary.

**Norco 325mg #120 ( refill x 3): Upheld**

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Opioids Ongoing Management page 78 discusses the four A's of opioid management. The medical records do not clearly document functional benefit or the four A's of opioid management overall supporting an indication or rationale for chronic opioid treatment. This request is not medically necessary.

**Diclofenac 75mg #180 ( refill x 3):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory medications Page(s): 22.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on antiinflammatory medications page 22 states that anti-inflammatories are the traditional first-line of treatment to reduce pain so activity and functional restoration can resume. The patient reports significant benefit from this medication, which based on the guidelines could reflect either a report of significant pain reduction or a report of significant functional improvement or goals. The medical records overall do support the request for Diclofenac. This request is medically necessary.