

<b>Case Number:</b>	CM14-0212061		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	05/09/1996
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for neck and upper back pain reportedly associated with an industrial injury of May 9, 1996. In a Utilization Review Report dated November 28, 2014, the claims administrator denied a request for Prenaite, denied a request for Cymbalta, partially approved a request for Nucynta, partially approved a request for oxycodone, and approved a request for Lyrica. The claims administrator referenced a November 11, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On January 6, 2015, the applicant reported persistent multifocal pain complaints reportedly attributed to chronic pain syndrome versus fibromyalgia. Cymbalta, oxycodone, Nucynta, Lyrica, and Dexilant were renewed. It was stated that the applicant was status post gastric bypass surgery. The note was sparse, handwritten, difficult to follow, and not entirely legible. The applicant's work status was not clearly outlined. The applicant did state, in a questionnaire dated January 6, 2015, that she was experiencing side effects with medications including diarrhea, constipation, and itching. Prenaite and Levoxyl, it is incidentally noted, were also refilled. In another handwritten note dated November 11, 2014, the applicant was asked to remain off of work on "permanent disability." Trigger point injection therapy was performed in the clinic, while Levoxyl, Prenaite, Cymbalta, Nucynta, oxycodone, and Lyrica were refilled, without any explicit discussion of medication efficacy. The applicant was given a primary diagnosis of complex regional pain syndrome (CRPS) on this occasion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Prenavite # 60 with 1 refill: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Vitamins section. 2. Product Description.

**Decision rationale:** It appears that this product represents a request for 'Prenavite,' a vitamin. However, the Third Edition ACOEM Guidelines note that vitamins are not recommended in the treatment of chronic pain without the presence of documented nutritional deficit state or documented nutritional deficit. Here, there was/is no clear or compelling evidence that the applicant has a documented nutritional deficit. There is no evidence that the applicant carries a diagnosis of nutritional deficit state. No rationale for selection, introduction, and/or ongoing usage of Prenavite was furnished by the attending provider so as to offset the unfavorable ACOEM position on the article at issue. Therefore, the request was not medically necessary.

**One prescription of Cymbalta 60 mg # 60 with one refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Functional Restoration Approach to Chronic Pain Management Page(s): 15;.

**Decision rationale:** While page 15 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Cymbalta is FDA approved in the treatment of anxiety, depression, diabetic neuropathy, and fibromyalgia, the latter of which appears to be present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, the applicant was/is off of work, despite ongoing usage of Cymbalta. The applicant is receiving permanent disability benefits. Ongoing usage of Cymbalta has failed to curtail the applicant's dependence on opioid agents such as Nucynta and oxycodone. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Cymbalta. Therefore, the request was not medically necessary.

**One prescription of Nucynta ER 150 mg # 60 with one refill: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work. Here, however, the applicant has failed to return to work. The applicant is receiving permanent disability benefits, the attending provider has acknowledged. The attending provider's handwritten progress notes of November 11, 2014 and January 6, 2015 did not contain any discussion of quantifiable decrements in pain and/or material improvements in function achieved as a result of ongoing Nucynta usage. Therefore, the request was not medically necessary.

**One prescription of Oxycodone 5 mg # 180 with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Long-term Assessment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work, receiving permanent disability benefits, the attending provider acknowledged. The attending provider's handwritten progress notes of November 6, 2014 and January 6, 2015 were sparse, difficult to follow, not entirely legible, and did not contain any discussion of medication efficacy, nor did they outline any material improvements in function achieved as a result of ongoing oxycodone usage. Therefore, the request was not medically necessary.