

<b>Case Number:</b>	CM14-0219101		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	02/13/2006
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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: 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 injured worker is a 51-year-old male who suffered an unknown work related injury on 02/13/05. Per the physician notes from 11/25/14, he complains of low back pain, bilateral leg pain, and neck pain. He is currently unable to walk due to pain, poor balance and neuropathy. He has noted some improvement with water therapy. He has limited cervical range of motion due to fusion and pain and discomfort with lumbar range of motion. Sensory loss is noted in the right lateral calf and the entire foot. The recommended treatments are Cymbalta, Lunesta, Gabapentin, Dilaudid, and Norco as well as physical therapy and continued water therapy. The Cymbalta, Gabapentin, Dilaudid, Norco, and water therapy were and non-certified by the Claims Administrator on 12/18/14. The Cymbalta was non-certified due to the quantity requested. Gabapentin was non-certified due to the lack of documentation of pain reduction. Norco and Dilaudid are non-certified due to the absence of significant pain relief or functional improvement and no weaning of the dosage in progress. The Water therapy is non-certified due to the need for active self-directed home Physical Medicine. MTUS was cited. These denials were subsequently appealed for Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-17.

**Decision rationale:** The MTUS Guidelines states, Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks. Per progress report dated 11/25/14, treating physician's reason for the request is "to help manage pain and neuropathy." The patient has been prescribed Cymbalta since at least 10/07/13. The patient presents with radicular symptoms and neuropathic pain. In this case, adequate documentation has been provided including numeric scales, validated instruments and functional measures that show significant improvement. The request meets guideline indications; therefore, Cymbalta is medically necessary.

**Gabapentin 300mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-20.

**Decision rationale:** MTUS has the following regarding Gabapentin: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." MTUS also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per progress report dated 11/25/14, treating physician's reason for the request is "to help manage pain and neuropathy." The patient has been prescribed Gabapentin since at least 10/07/13. Given patient's radicular symptoms and diagnosis, the request appears reasonable. The patient presents with radicular symptoms for which Gabapentin is indicated, and treating physician has documented decrease in pain with numerical scales. Therefore, the request is medically necessary.

**Norco 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** MTUS Guidelines 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 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per progress report dated 11/25/14, treating physician's reason for the request is "to help manage pain and neuropathy." The patient has been prescribed Norco since at least 10/07/13. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treating physician has not discussed how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Although analgesia is discussed showing significant pain reduction with use of Norco, no validated instrument has been used to show functional improvement. Furthermore, the treating physician does not document or discuss with patient addressing adverse side effects and adverse behavior. There are no UDS's, CURES or opioid pain contracts. Therefore, given the lack of documentation as required by guidelines, the request is not medically necessary.

**Water therapy three times a week for 6 months:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical medicine Page(s): 22, 98-99.

**Decision rationale:** MTUS Guidelines recommends aquatherapy as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. MTUS Physical Medicine Guidelines allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. Per progress report dated 11/25/14, treating physician's reason for the request is to improve poor balance stating the patient "Has been attending water therapy 3 times per week and has zero falls compared to 15 per month without it." The patient is 5'-8" and weighs 300lbs, which places patient in the obese category. Given the patient's current weight, there is a need for weight-reduced exercises and patient is extremely obese to qualify for water therapy, per MTUS. However, per report dated 12/10/14, patient has already attended 9 sessions of 12 authorized water therapy. The request for 72 more sessions would exceed what is allowed by guidelines. Therefore, the request is not medically necessary.

**Dilaudid 4mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** MTUS Guidelines 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 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per progress report dated 11/25/14, treating physician's reason for the request is "to help manage pain and neuropathy." The patient has been prescribed Dilaudid since at least 07/28/14. MTUS requires appropriate discussion of the 4A's; however, in addressing the 4A's, treating physician has not discussed how Dilaudid significantly improves patient's activities of daily living with specific examples of ADL's. Although analgesia is discussed showing significant pain reduction with use of Dilaudid, no validated instrument has been used to show functional improvement. Furthermore, the treating physician does not document or discuss with patient addressing adverse side effects and adverse behavior. There are no UDS's, CURES or opioid pain contracts. Therefore, given the lack of documentation as required by guidelines, the request is not medically necessary.