

<b>Case Number:</b>	CM14-0043346		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	11/05/1991
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 56 year old female who sustained an industrial injury on 11/05/1991. The injured worker was diagnosed as having unspecified internal derangement of knee, radiculopathy of the lumbar spine, and chronic regional pain syndrome type I, lower extremities. Treatment to date has included back surgery oral medications, physical therapy and home exercises. The injured worker presented on 03/06/2014 with complaints of chronic intractable pain in the low back and left knee radiating to both legs and feet. Prior surgery on the left leg and knee resulted in a "hole "at the medial aspect of the left knee remaining after a "flap over" surgery with residual pain and numbness. She has low back pain radiating into both legs with spasms in both legs and cramping in her feet. The treatment plan includes Baclofen for spasms and Pantoprazole for gastrointestinal side effects from medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60mg DR one tablet daily as needed, #28:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for pain. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

**Decision rationale:** California MTUS Guidelines state Cymbalta has been FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used off label for neuropathic pain and radiculopathy. In this case, the injured worker has continuously utilized the above medication since at least 12/2013. There is no documentation of objective functional improvement to support the necessity for the ongoing use of this medication. Given the above, the request is not medically necessary.

**Docusate sodium 100mg one capsule two times daily. as needed # 56:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid: opioid induced constipation treatment. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter Pain; opioid induced constipation treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid induced constipation treatment.

**Decision rationale:** California MTUS Guidelines recommend initiating prophylactic treatment of constipation when also initiating opioid therapy. The Official Disability Guidelines recommend first line treatment for opioid induced constipation to include increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. In this case, there is no documentation of a failure to respond to first line treatment. The injured worker does not maintain a diagnosis of chronic constipation. Given the above, the request is not medically necessary at this time.

**Gabapentin 300mg one tablet three times daily as needed #84:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drug.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

**Decision rationale:** California MTUS Guidelines recommend gabapentin for neuropathic pain. In this case, the injured worker has utilized gabapentin 300 mg since at least 12/2013. There is no documentation of objective functional improvement. The ongoing use of this medication would not be supported. As such, the request is not medically necessary.

**Baclofen 10mg one tablet three times daily as needed, # 84:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasticity drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. The injured worker has utilized baclofen 10 mg since at least 12/2013. There is no documentation of objective functional improvement. Guidelines would not support long term use of this medication. Given the above, the request is not medically necessary.