

<b>Case Number:</b>	CM15-0010082		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	07/28/2005
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 38 year old male, who sustained an industrial injury on July 28, 2005, when lifting a large roll of paper. He has reported immediate onset of discomfort. The diagnoses have included status post lumbar hardware removal on March 12, 2010, prior global fusions at L4-L5, and L5-S1 in 2007, MRI from October 17, 2011 with impression of status post L4-L5 and L5-S1 fusion with solid bridging interbody bone, interval removed with posterior fixation hardware, otherwise negative MRI of the spine, normal electromyogram (EMG) to bilateral lower extremities on September 30, 2009, and depression due to chronic pain. Treatment to date has included chiropractic treatment, physical therapy, a trial of functional restoration program in 2010, status post spinal cord stimulation trial in June 2011, with a negative response, and medications. Currently, the injured worker complains of ongoing low back pain with radicular pain symptoms down both the lower extremities. The Primary Treating Physician's report dated December 15, 2014, noted the injured worker was doing very well on the current medication regimen, with no adverse side effects or aberrant behaviors. The Physician noted ongoing tenderness to the lumbar paraspinal muscles, with the injured worker continuing to ambulate slowly with a cane favoring the low back, with decreased range of motion. The injured worker's condition was noted to be permanent and stationary. On December 23, 2014, Utilization Review non-certified a retrospective request for Neurontin 600mg #180 dispensed, a retrospective request for Cymbalta 30mg # 60 dispensed, and a retrospective request for Lunesta 2mg #30 dispensed. The UR Physician noted the presence of neuropathic pain was not well described, there was no documentation provided to support the decrease in pain or paresthesia, or to support

functional gain being made as a result of the continued use of Neurontin, therefore the retrospective request for Neurontin 600mg #180 dispensed was modified to Neurontin 600mg #120 to facilitate gradual weaning of the medication, citing the MTUS Chronic Pain Medical Treatment Guidelines. The UR Physician noted that there was no documentation of the injured worker's pain outcomes with regards to use of the Cymbalta, and in the absence of evidence of clinical efficacy, the request for a retrospective request for Cymbalta 30mg #60 dispensed was modified to Cymbalta 30mg #30 to initiate a gradual weaning of the medication, citing the MTUS Chronic Pain Medical Treatment Guidelines. The UR Physician noted that there was no documentation as to the type of sleep disturbance the injured worker was experiencing, and that given the absence of evidence of medical necessity, and since insomnia medications had been provided for an extended period of time, the request for a retrospective request for Lunesta 2mg #30 dispensed, was non-certified, based on the Official Disability Guidelines (ODG). On January 16, 2015, the injured worker submitted an application for IMR for review of a retrospective request for Neurontin 600mg #180 dispensed, a retrospective request for Cymbalta 30mg # 60 dispensed, and a retrospective request for Lunesta 2mg #30 dispensed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retro: Nuerontin 600mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16-22.

**Decision rationale:** Retro: Neurontin 600mg #180 is not medically necessary per the MTUS Guidelines. The guidelines states that : A good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the trigger for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The documentation is not clear on the patient's neuropathic symptoms. The documentation does not indicate specific discussion on efficacy of Neurontin and it's effect on symptoms, side effects, or function. The request for continued Neurontin is not medically necessary.

**Retro: Cymbalta 30mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-15.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs): Page(s): 15.

**Decision rationale:** Retro: Cymbalta 30mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that 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. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. The documentation is not clear on the efficacy of patient's Cymbalta use. The documentation does not indicate evidence of significant functional improvement related to Cymbalta therefore this medication is not medically necessary.

**Retro: Lunesta 2mg #80:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental illness and stress

**Decision rationale:** Retro: Lunesta 2mg #80 is not medically necessary per the ODG. The MTUS Guidelines do not address insomnia or this issue. The ODG states that Lunesta is not recommended for long-term use, but recommended for short-term use. The ODG recommends limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. The documentation indicates that the patient has had use of Ambien for insomnia. The guidelines do not support long term hypnotics therefore this medication is not medically necessary.