

<b>Case Number:</b>	CM15-0119841		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	08/09/2000
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: Pennsylvania

Certification(s)/Specialty: Family Practice

### 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 64 year old female, who sustained an industrial injury on 08/09/2000. She has reported injury to the low back. The diagnoses have included lumbar degenerative disc disease with intractable low back pain; status post L4-5 fusion with neuroforaminal stenosis worse on the left than the right; failed back surgery syndrome, lumbar; cervical degenerative disc disease; C5-6 herniated nucleus pulposus with left neck upper extremity radicular pain; and depression and anxiety related to her chronic pain. Treatment to date has included medications, diagnostics, injections, chiropractic therapy, massage, psychotherapy, physical therapy, and surgical intervention. Medications have included Oxycodone, Fentanyl Patch, Cymbalta, Wellbutrin, Amitiza, Gabapentin, Fluoride, and Trazodone. A progress note from the treating physician, dated 05/11/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of worsening left leg symptoms; shocking sensations down the leg; new pain in her upper arms; they are heavy and tingling, and she is unable to use them at times; short-term memory impairment; and chronic dry mouth. Objective findings included positive straight leg raise test on the left; and cognition is clearer with some word-finding difficulty. The treatment plan has included the request for Oxycodone 5/325mg #60; Cymbalta 60mg #30; and Cymbalta 30mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 5/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/Acetaminophen, Opioids, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to the MTUS guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. In this case, the worker had not returned to work and there was no documentation of any improvement in function or pain in response to opioids. The request is not medically necessary.

**Cymbalta 60mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Mental Illness & Stress, Duloxetine (Cymbalta) (2015).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 15-16.

**Decision rationale:** According to the MTUS, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is 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 other types of neuropathic pain." According to the medical record, this worker has depression and radiculopathy but the record does not indicate which of these conditions duloxetine is being prescribed for or if it is being prescribed for both. There is no indication of any response to this medication in regards to pain or depression. The record indicates no improvement in pain or depression. In fact, the 3/11/15 note states, "she continues to complain of constipation and depression despite multiple medications. The continued use of Cymbalta is not medically necessary.

**Cymbalta 30mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Mental Illness & Stress, Duloxetine (Cymbalta) (2015).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 15-16.

**Decision rationale:** According to the MTUS, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is 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 other types of neuropathic pain." According to the medical record, this worker has depression and radiculopathy but the record does not indicate which of these conditions duloxetine is being prescribed for or if it is being prescribed for both. There is no indication of any response to this medication in regards to pain or depression. The record indicates no improvement in pain or depression. In fact, the 3/11/15 note states, she continues to complain of constipation and depression despite multiple medications. The continued use of Cymbalta is not medically necessary.