

<b>Case Number:</b>	CM15-0123478		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	08/15/2000
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: New York  
 Certification(s)/Specialty: Pediatrics, Internal 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 62 year old male, who sustained an industrial injury on 08/15/2000. The mechanism of injury was not made known. Progress reports submitted for review date back to 03/03/2015. According to the most recent progress report submitted for review and dated 05/26/2015, the injured worker reported severe back pain, radiating in his right leg, ongoing right groin and testicular pain. He reported ongoing neck and left shoulder pain. He had also been having chest pain. He had a history of stent placement for coronary artery disease and used sublingual nitroglycerin for angina. He reported that he was going to go the emergency room after his visit because of some chest pain. He needed a refill on his medications. He could not function without the medications. He reported a 50% reduction in pain and 50% functional improvement with activities of daily living with the medications versus not taking them at all. Pain level was rated 8 on a scale of 1-10. At best pain was rated 4 with medications. Without medications pain level was rated 10. Impression included low back pain, right leg symptoms, history of lumbar sprain/strain with degenerative joint disease with severe facet overgrowth, history of right inguinal hernia repair with ongoing inguinal and testicular and neuropathic pain persisting, left shoulder decompression with ongoing shoulder pain and limited range of motion, history of cervical sprain/strain with severe spondylosis, history of anxiety disorder with industrial onset stable with psychotropic medications, insomnia due to pain, constipation from narcotic use and history of nonindustrial coronary artery disease status post coronary artery stent placement with angina symptoms today. The treatment plan included Norco 10-325mg tabs 1-2 every 4-6 hours as needed for pain limit 6 per day #180, Lyrica 75mg twice a day for

neuropathic groin pain #60, Cymbalta 60mg daily for musculoskeletal pain, neuropathic pain and reactive depression due to industrial onset #30, Xanax 1mg twice a day as needed for anxiety and panic attacks #60, Flexeril 10mg every 6 hours as needed for back spasm #60, Ambien 10mg at bedtime for insomnia due to pain #30 and Bisacodyl suppositories 1 at bed time as needed for constipation from narcotic use. The injured worker remained under narcotic contract. Urine drug screens had been appropriate. The provider noted that he was more functional with pain medications versus not taking them at all. Urine drug screens were not submitted for review. Currently under review is the request for Norco 10/325mg #180 and Cymbalta 60mg #30.

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

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

**Norco 10/325mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement, Opioids Page(s): 9, 78.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Chronic Pain Medical Treatment Guidelines state that on-going management of opioid therapy should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Information from family members or other caregivers should be considered in determining the patient's response to treatment. In addition to pain relief, the practitioner should monitor side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. In this case there was no discussion of the least reported pain over the period since the last assessment, average pain, and the intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain and improvement in function. There was lack of objective evidence of functional improvement with use of opioid analgesic. There was no discussion of specific improvement of activities of daily living as a result of the use of opioids. Pain levels remained unchanged. The medical necessity for this request was not established. The requested treatment is not medically necessary.

**Cymbalta 60mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Chapter: Cymbalta (duloxetine), (2015); ODG, Pain (Chronic): Cymbalta (duloxetine), (2015).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants/Duloxetine (Cymbalta) Page(s): 13, 15-16.

**Decision rationale:** According to the California MTUS Guidelines, anti-depressants are indicated for the treatment of chronic musculoskeletal pain. They are recommended as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. Guidelines state that assessment of treatment efficacy should include not only pain outcome, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration and psychological assessment. Cymbalta (Duloxetine) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy and fibromyalgia. In this case, there is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Pain levels remained unchanged and symptoms of depression were not discussed. Medical necessity of the requested treatment is not established. The requested medical treatment is not medically necessary.