

<b>Case Number:</b>	CM15-0171393		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	03/25/2005
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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:

This 43 year old female sustained an industrial injury on 3-25-05. Diagnoses include cervicalgia and lumbago. Treatments to date include MRI testing, at least 4 sessions of acupuncture, injections and prescription pain medications. A cervical MRI in February 2013 revealed a minimal diffuse disc bulge without stenosis. An EMG test dated 4-12-10 reportedly was within normal limits. The injured worker has continued complaints of neck pain that radiates to the bilateral upper extremities and low back pain that radiates to the bilateral lower extremities. The pain has affected the injured worker's quality of sleep; Belsomra was prescribed for this issue. The injured worker has remained off work. Upon examination, there was tenderness and crepitus noted with range of motion of the cervical spine. Pain reported ranges from 8 to 9 out of a scale of 10. A request for Nucynta ER 150 mg #60, Nucynta IR 50 mg #90, Lyrica 50 mg #60, Cymbalta 30 mg #60 and Belsomra 15 mg #30 was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta ER 150 mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC]. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Formulary.

**Decision rationale:** The IW has been on long term opioids, which is not recommended. Additionally, documentation did not include 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 last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Additionally, the ODG formulary states that Nucynta is not covered. This request is not medically necessary and appropriate.

**Nucynta IR 50 mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC]. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Formulary.

**Decision rationale:** The IW has been on long term opioids, which is not recommended. Additionally, documentation did not include 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 last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Additionally, the ODG formulary states that Nucynta is not covered. This request is not medically necessary and appropriate.

**Lyrica 50 mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** MTUS guidelines state that antiepileptic drugs are recommended for neuropathic pain. 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. The patient should be asked at each visit as to whether there has been a change in pain or function. It is noted that there is no EMG/NCV in

the case file to document neuropathy in the IW. There was no documentation of objective functional benefit with prior use of this medication. The request is not medically necessary and appropriate.

**Cymbalta 30 mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**Decision rationale:** Recommended as an option in first-line treatment option in neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA approval for treatment of depression, generalized anxiety disorder, treatment of pain related to diabetic neuropathy, and fibromyalgia. Cymbalta is used off-label for neuropathic pain and radiculopathy. There is no documented clinically present neuropathy or EMG/NCV study to confirm neuropathy. However, here is no evidence that the IW had a functional improvement or decreased pain with use of Cymbalta, therefore making it not medically necessary.

**Belsomra 15 mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Formulary Insomnia Treatment.

**Decision rationale:** Per ODG pharmacological agents for insomnia should only be used after careful evaluation of potential causes of sleep disturbance for the etiology. There is no discussion of an investigation into the origin of the sleep disturbance and non-pharmacological interventions that may have been utilized. Additionally, the ODG formulary does not include Belsomra as a medication that is covered. This request is not medically necessary and appropriate.