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| <b>Case Number:</b>   | CM15-0179937 |                              |            |
| <b>Date Assigned:</b> | 09/21/2015   | <b>Date of Injury:</b>       | 03/18/2010 |
| <b>Decision Date:</b> | 10/27/2015   | <b>UR Denial Date:</b>       | 08/14/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/14/2015 |

### 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: California, Indiana, New York  
 Certification(s)/Specialty: 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 57 year old male injured worker suffered an industrial injury on 3-18-2010. The diagnoses included cervical and lumbar intervertebral disc disease, thoracic-lumbosacral neuritis and chronic pain due to trauma. On 8-3-2015, the treating provider reported back and neck pain with no change in pain severity. On exam, the lumbar spine was tender with reduced range of motion and bilateral straight leg raise was positive. Prior treatments included medications. The Utilization Review on 8-14-2015 determined modification for Gabapentin 300mg #90 with 11 refills to 0 refills and Duloxetine 60mg #30 with 11 refills to 0 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Gabapentin 300mg #90 with 11 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section; Gabapentin, Anti-epilepsy drugs (AEDs).

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, pharmacy purchase of Gabapentin 300 mg #90 with 11 refills is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug. In this case, the injured worker's working diagnoses are degenerative cervical and lumbar intervertebral disc disease; thoracic/lumbosacral neuritis unspecified; and chronic pain due to trauma. Date of injury is March 18 2010. Request for authorization is dated August 3, 2015. According to her progress note dated February 16, 2015, the treating provider prescribed duloxetine and gabapentin. Additional medications include Norco and Motrin. According to an August 3, 2015 progress, subjective complaints include back and neck pain. Medications remain unchanged. There are no subjective radicular complaints. Objectively, there are a vital sign with a musculoskeletal examination limited to lumbar spine tenderness to palpation with decreased range of motion. There is no neurologic evaluation. The treating provider requested 11 refills. This request exceeds the recommended guidelines. Additionally, follow-up is required to determine objective functional improvement. There is no documentation demonstrating objective functional improvement in the medical record to support ongoing gabapentin 300 mg #90 with 11 refills. Based on clinical information and medical records, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no neuropathic subjective or objective findings and request for 11 refills in excess of the recommended guidelines, pharmacy purchase of Gabapentin 300 mg #90 with 11 refills is not medically necessary.

**Pharmacy purchase of Duloxetine 60mg #30 with 11 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duloxetine (Cymbalta). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Duloxetine (Cymbalta).

**Decision rationale:** Pursuant to Medline plus, pharmacy purchase of duloxetine 60 mg #30 with 11 refills is not medically necessary. Duloxetine is used to treat depression and generalized anxiety disorder (GAD; excessive worry and tension that disrupts daily life and lasts for 6 months or longer). Duloxetine is also used to treat pain and tingling caused by diabetic neuropathy (damage to nerves that can develop in people who have diabetes) and fibromyalgia (a long-lasting condition that may cause pain, muscle stiffness and tenderness, tiredness, and difficulty falling asleep or staying asleep). Duloxetine is also used to treat ongoing bone or muscle pain such as lower back pain or osteoarthritis (joint pain or stiffness that may worsen over time). Duloxetine is in a class of medications called selective serotonin and norepinephrine reuptake inhibitors (SNRIs). It works by increasing the amounts of serotonin and norepinephrine, natural substances in the brain that help maintain mental balance and stop the movement of pain signals in the brain. In this case, the injured worker's working diagnoses are degenerative cervical and lumbar intervertebral disc disease; thoracic/lumbosacral neuritis unspecified; and

chronic pain due to trauma. Date of injury is March 18 2010. Request for authorization is dated August 3, 2015. According to her progress note dated February 16, 2015, the treating provider prescribed duloxetine and gabapentin. Additional medications include Norco and Motrin. According to an August 3, 2015 progress, subjective complaints include back and neck pain. Medications remain unchanged. There are no subjective radicular complaints. Objectively, there are a vital sign with a musculoskeletal examination limited to lumbar spine tenderness to palpation with decreased range of motion. There is no neurologic evaluation. The treating provider requested 11 refills. This request exceeds the recommended guidelines. Additionally, follow-up is required to determine objective functional improvement. There is no documentation demonstrating objective functional improvement in the medical record to support ongoing duloxetine 60 mg #30 with 11 refills. Based on clinical information and medical records, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no neuropathic subjective or objective findings and request for 11 refills in excess of the recommended guidelines, pharmacy purchase of duloxetine 60 mg #30 with 11 refills is not medically necessary.