

<b>Case Number:</b>	CM15-0031280		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	10/01/2000
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	01/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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 54-year-old male, who sustained an industrial injury on October 1, 2000. He has reported injury to the vertebral column, arms and knees. The diagnoses have included discogenic disease, cervical spine status post C5-6, C6-7 anterior cervical fusion with allograft and plating, pain in thoracic spine, lumbar spine and both knees and tenderness over the upper extremities. Treatment to date has included diagnostic studies, surgery, epidural steroid injections and medication. On January 2, 2015, the injured worker complains of back pain described as moderate to severe. The pain is radiated to the elbows, knees and hands and is described as an achy, burning, deep, discomforting, dull, numbness, piercing, sharp, stabbing and throbbing. Symptoms are aggravated by bending, daily activities, rest, rolling over in bed, sitting and standing. Symptoms are relieved by exercise, lying down, medications, stretching, rest and sitting. On January 17, 2015, Utilization Review non-certified Oxycontin 80mg #90 and Klonopin 0.5mg #60 with three refills, noting the CA MTUS and Official Disability Guidelines. Utilization Review modified the request for Oxycodone HCL 15mg #90 to #72, noting the CA MTUS Guidelines. Utilization Review modified the request for Cymbalta 60mg #30 with four refills to Cymbalta 60mg #30, noting the CA MTUS Guidelines. On February 19, 2015, the injured worker submitted an application for Independent Medical Review for review of Oxycontin 80mg #90, Oxycodone HCL 15mg #90, Klonopin 0.5mg #60 with three refills, Cymbalta 60mg #30 with four refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 80mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - When to Discontinue; When to Continue Opioids Page(s): 79-80.

**Decision rationale:** Concerning oxycontin the IW appears to have been on the medication for some time and there is no notation that she has returned to work or has improved functioning and pain levels, which would warrant continuing the medication. MTUS guidelines state that opioids should be discontinued when there is no overall improvement in function, unless there are extenuating circumstances. There are no extenuating circumstances noted in the progress notes. This request is not medically necessary and appropriate at this time.

**Oxycodone HCL 15mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - When to Discontinue; When to Continue Opioids Page(s): 79-80.

**Decision rationale:** Concerning oxycodone the IW appears to have been on the medication for some time and there is no notation that she has returned to work or has improved functioning and pain levels, which would warrant continuing the medication. MTUS guidelines state that opioids should be discontinued when there is no overall improvement in function, unless there are extenuating circumstances. There are no extenuating circumstances noted in the progress notes. This request is not medically necessary and appropriate at this time.

**Klonopin 0.5mg #60 with 3 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. This request is not medically necessary and appropriate.

**Cymbalta 60mg #30 with 4 refills: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16.

**Decision rationale:** Per MTUS guidelines, antidepressants are recommended as a first line option for neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Cymbalta is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. This request is medically necessary and appropriate.