

<b>Case Number:</b>	CM15-0072226		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	02/07/2014
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: Texas, Florida  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 52 year old male, who sustained an industrial injury on February 7, 2014. The injured worker has been treated for back complaints. The diagnoses have included multi-level lumbar degenerative disc disease, lumbar sprain and chronic pain syndrome. There are associated diagnoses of anxiety, depression, insomnia and chronic alcohol use. Treatment to date has included medications, H - wave, physical therapy, a transcutaneous electrical nerve stimulation unit, Functional restoration program and epidural steroid injections. Current documentation dated March 19, 2015 notes that the injured worker reported no change in back pain. The back pain was noted to be severe with associated burning and tingling. Examination of the lumbar spine revealed tenderness, a decreased range of motion and a positive straight leg raise. The treating physician's plan of care included a request for the medications Cymbalta, Percocet and Oxycodone. The medications listed are gabapentin, baclofen, Cymbalta, Percocet and Oxycodone

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 20mg 2 tablets qd #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Antidepressants.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that antidepressants can be utilized for the treatment of chronic pain syndrome and neuropathic pain. The records indicate that the patient had a history of depression associated with the chronic pain syndrome. There is documentation of significant symptomatic improvement with utilization of Cymbalta. There is no report of non compliance or adverse medication effect. The criteria for the use of Cymbalta 20mg 2 tabs #60 was met. Therefore, the requested treatment is medically necessary.

**Percocet 5/325mg 1 tablet bid #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/Acetaminophen Page(s): 78-80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of NSAIDs can be associated with the development of tolerance, dependency, sedation, addiction, opioid induced hyperalgesia and adverse interaction with other sedative medications. The records indicate that the patient is utilizing multiple short acting opioids and other sedatives medications concurrently. There is no documentation of failure of NSAIDs and non opioid co-analgesics. There is documentation of aberrant drug behavior including chronic alcohol use and signs of addiction. There is no documentation of guidelines required compliance monitoring of serial UDS, CURES data reports and objective signs of functional restoration. The criteria for the use of Percocet 5/325mg #60 was not met. Therefore, the requested treatment is not medically necessary.

**Oxycodone 5/325mg 1 tablet bid #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone immediate release Page(s): 78-80, 92, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of exacerbation of musculoskeletal pain that did not respond to

standard treatment with NSAIDs and PT. The chronic use of NSAIDs can be associated with the development of tolerance, dependency, sedation, addiction, opioid induced hyperalgesia and adverse interaction with other sedative medications. The records indicate that the patient is utilizing multiple short acting opioids and other sedatives medications concurrently. There is no documentation of failure of NSAIDs and non opioid co-analgesics. There is documentation of aberrant drug behavior including chronic alcohol use and signs of addiction. There is no documentation of guidelines required compliance monitoring of serial UDS, CURES data reports and objective signs of functional restoration. The use of only short acting opioids is associated with end of dose breakthrough pain. The criteria for the use of Oxycodone 5/325mg #60 was not met. Therefore, the requested treatment is not medically necessary.