

<b>Case Number:</b>	CM15-0078298		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	12/01/2010
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: Pennsylvania

Certification(s)/Specialty: Family Practice

### 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 48 year old male, who sustained an industrial injury on 12/01/2010 reporting injury to left shoulder. On provider visit dated 03/17/2015 the injured worker has reported left shoulder pain. On examination of the left shoulder a decreased range of motion was noted, median nerve compression reproduces numbness and tingling. Neck was noted to have pain to palpation over the C2-C3, C3-C4 and C4-C5 facet capsules, left secondary myofascial pain with triggering, ropey fibrotic banding and pain with rotational. Extension indicative of facet capsules tears on left. The diagnoses have included chronic cervical spine pain and intra articular shoulder injury. Treatment to date has included MRI, x-rays, injections, physical therapy and medications. The provider requested Cymbalta 60mg, duragesic 25mcg, Naprosyn 500mg, and Zanaflex 2mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60mg, #90, 3 refills:** Upheld

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

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

**Decision rationale:** Cymbalta is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia and is used off-label for neuropathic pain and radiculopathy. According to the MTUS, no high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. It is not clear from the record that this patient is receiving a benefit specifically from this medication. He is on multiple medications for pain. The progress notes of the past several months' state pain as 7-8 on a 0-10 scale and do not reflect any change. The 3/17/15 progress note states he is having substantial benefit of the medications but this benefit is not described. The Cymbalta is not specifically referred to or discussed. There is no documentation of pain on a quantifiable scale with and without Cymbalta to assume benefit. Given the lack of confirmed benefit from Cymbalta in this case, it cannot be determined to be medically necessary.

**Duragesic 25mcg #10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: 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 last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. In this case, there is insufficient documentation of the assessment of pain and function in response to opioid use to substantiate the medical necessity for Duragesic. The response to Duragesic in regards to pain and function has not been specifically measured. Pain is stated to be 7-8 on a 0-10 scale but there is no comparison of pain with and without opioid or before and after. There is a statement that he is receiving substantial benefit from the medications but these benefits are not specifically described or measured and the statement refers to multiple medications not the opioid in particular. There is a statement that he has tried weaning from the medications but had increased pain, suffering and decreased function. However, it is not stated if this weaning involved all medications or the Duragesic in particular.

**Naprosyn 500mg, #60, 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** Nonsteroidal anti-inflammatory drugs such as Naprosyn may be recommended for osteoarthritis and acute exacerbations of chronic back pain. However, it is recommended only as a second line treatment after acetaminophen. Significant risks for side effects exist with nonsteroidal anti-inflammatory drugs as compared to acetaminophen. Furthermore, there is no evidence of long-term effectiveness for pain or function with the use of nonsteroidal anti-inflammatory drugs. The record indicates no benefit specifically from the use of nonsteroidal anti-inflammatory drugs with this worker or of a trial of acetaminophen. Although the short-term use of Naprosyn for an acute exacerbation of pain may have been appropriate for this worker, the continued long-term use would not be appropriate, particularly with no documentation of benefit after having already been on the medication for an extended period of time.

**Zanaflex 2mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/antispasmodic Drugs Page(s): 66, 15, 44, 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** Zanaflex is a muscle relaxant. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. In most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement and there is no additional benefit shown in combination with NSAIDs. Zanaflex is a centrally acting alpha<sub>2</sub>-adrenergic agonist that is FDA approved for management of spasticity and is used off label for low back pain. In this case, the long-term use of a muscle relaxant is not appropriate. It appears that this worker has been using Zanaflex for at least several months. There is no indication that the medication is being used for an acute exacerbation of low back pain nor is any other rationale provided for the long term use of this medication.