

<b>Case Number:</b>	CM15-0079206		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	05/13/2013
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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 60 year old female, who sustained an industrial injury on May 13, 2013. The injured worker has been treated for back, shoulder, arms and right knee and leg complaints. The diagnoses have included lumbar facet arthropathy, left elbow lateral epicondylitis, lumbar sprain/strain, lumbar disc bulges, myofascial pain syndrome, muscle spasms and chronic pain syndrome. Treatments and diagnostics to date have included medications, radiological studies, physical therapy, injections, knee brace and right knee surgery. Current documentation dated April 13, 2015 notes that the injured worker reported constant low back pain rated 4/10 on the visual analogue scale with medications and 9/10 without medications. Physical examination of the lumbar spine revealed tenderness to palpation over the paraspinous region with spasms present. Range of motion was limited in all planes. There was decreased sensation along the L4, L5 and S1 dermatome. Special provocative orthopedic testing was noted to be negative. The treating physician's plan of care included a request for the medications Cymbalta, Lidocaine Patches and Norco and a re-evaluation with a medical doctor in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60 mg Qty 30:** Overturned

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

**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 Mental Illness and Stress.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that anticonvulsant and antidepressant medications can be utilized for the treatment of neuropathic and radicular pain syndromes. There is documentation of subjective and objective findings consistent with lumbar radiculopathy. The records indicate that the patient reported significant pain relief and functional restoration with utilization of Cymbalta. There is no reported adverse effect. The criteria for the use of Cymbalta 60mg #30 was met. Therefore the request is medically necessary.

**Lidocaine Patches 5% Qty 90 No Refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesic.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications have failed. There is no documentation of subjective and objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. There is no documentation of failure of first line medications. The criteria for the use of Lidoderm patch QTY # 90 no refill was not met. Therefore the request is not medically necessary.

**Norco 5/325mg Qty 90 No Refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 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 the short term treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The chronic treatments with opioids can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with other sedative medications. The records did not show that the patient failed treatment with NSAIDs and non opioid co-analgesic medications. There is no documentation of

guidelines mandated compliance monitoring of serial UDS, CURES data reports, absence of aberrant behavior and functional restoration. The criteria for the use of Norco 5/325mg #90 no refill are not met. The request is not medically necessary.

**99203 Re-Evaluation after 4 weeks: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 87-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that chronic pain patients be routinely evaluated periodically to document continual requirement for pain medications, compliance with treatment and functional restoration. The records indicate that the patient is utilizing medications for the treatment of chronic musculoskeletal pain. The criteria for 99203 4 weeks clinic re-evaluation are met. The request is medically necessary.