

<b>Case Number:</b>	CM13-0072603		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	06/11/2009
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	12/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

### 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 applicant has filed a claim for chronic low back pain associated with an industrial injury of June 11, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; epidural steroid injection therapy; transfer of care to and from various providers in various specialties; and muscle relaxants. In a handwritten applicant questionnaire of November 21, 2013, the applicant states that he is working. He reports persistent back and leg pain, 6-7/10. A clinical progress note of the same day, November 21, 2013, is notable for comments that the applicant reports persistent 6-7/10 pain. The applicant has received significant relief from an earlier epidural injection of September 2013. The applicant is working regular duty. The applicant is on Norco, Flexeril, and Restoril, which reportedly help with pain and normalization of function. The applicant has some radiating low back pain, it is suggested. Radicular upper extremity complaints are also noted. The applicant is asked to continue home exercises and employ Cymbalta in conjunction with Norco, Flexeril, and Restoril. The applicant has apparently returned to regular duty work. An earlier note of October 3, 2013 was notable for comments that the applicant was working regular duty but was having some issues with pain-induced insomnia. The applicant again reiterated on a questionnaire of October 3, 2013 that he was in fact working regular duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE 7.5MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Cyclobenzaprine Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using numerous other agents, including Norco, Restoril, Cymbalta, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not certified, on Independent Medical Review.

**CYMBALTA 30MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Duloxetine Page(s): 43.

**Decision rationale:** As noted on page 43 of the MTUS Chronic Pain Medical Treatment Guidelines, duloxetine or Cymbalta is recommended as a first-line treatment option in neuropathic pain. In this case, the applicant does have radicular complaints pertaining to both the upper extremities and lower extremities. Cymbalta was apparently re-introduced on the office visit in question owing to ongoing complaints of radicular pain. This is indicated, appropriate, and compatible with page 43 of the MTUS Chronic Pain Medical Treatment Guidelines. Contrary to what was suggested by the claims administrator, the applicant still had residual symptoms following the epidural steroid injection in question and was, by all accounts, a good candidate for re-introduction of Cymbalta. The request is certified, on Independent Medical Review.