

<b>Case Number:</b>	CM14-0111131		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	09/22/2001
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 70-year-old male with date of injury of 09/22/2001. The listed diagnoses per [REDACTED] from 06/20/2014 are: 1. Multilevel cervical disk disease with developmental shallow canal and bilateral C6 and C7 radiculopathy confirmed by EMG. 2. Cervical facet syndrome. 3. Reactive depression. 4. Coronary artery disease status post CABG on Plavix and aspirin. 5. Right knee medial meniscus tear with osteoarthritis status post meniscectomy. 6. Hearing loss. 7. Status post reversed total shoulder arthroplasty, nonoperational. According to this report, the patient complains of neck and left upper extremity radiating pain. He has been scheduled for cervical epidural steroid injection but was cancelled due to a heart attack. Overall, he is doing well. The patient rates his pain 6/10. He also reports pain in his right knee, left neck, and left upper extremity. The examination shows the patient is alert and oriented in no distress. The patient walks with a slow gait. Bilateral cervical rotation is 45 degrees. He has full strength in the upper extremities though decreased sensation in the left arm. PHQ-9 score of 21/27 indicates severe depression. The utilization review denied the request on 07/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory, MTUS Guidelines and on medications for chronic pain Page(s): 22, 60-61.

**Decision rationale:** This patient presents with neck and left upper extremity radiating pain. The treating physician is requesting Celebrex 200 mg. The MTUS Guidelines page 22 on anti-inflammatory medications states that anti-inflammatories are the traditional first line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. The MTUS Guidelines page 60 and 61 on medications for chronic pain states that it is recommended; however, the relief of pain with the use of medications is generally temporary and measures of lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. The records show that the patient was prescribed Celebrex on 02/12/2014; however, previous medication history was not made available. The treating physician notes medication efficacy on 02/12/2014 stating that the patient is able to perform his activities of daily living with his current medications. In this case, MTUS supports the use of anti-inflammatory medications as a first line treatment to reduce pain and inflammation. The request is medically necessary and appropriate.

**Cymbalta 60mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Guidelines page on selective serotonin and norepinephrine reuptake inhibitors (SNRIs), MT.

**Decision rationale:** This patient presents with neck and left upper extremity radiating pain. The treating physician is requesting Cymbalta 60 mg. The MTUS Guidelines page 16 and 17 on selective serotonin and norepinephrine reuptake inhibitors (SNRIs) on duloxetine (Cymbalta) state that it is used off label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The patient was prescribed Cymbalta on 05/09/2014. The treating physician does not discuss medication efficacy as it relates to the use of Cymbalta. The patient is already on Neurontin and the treating physician only makes a general statement regarding medication efficacy prior to Cymbalta was started. Use of Neurontin may be more appropriate and for additional neuropathic medication, further documentation of its need must be provided. The treating physician does not explain why Cymbalta was added and following the addition, does not discuss it's efficacy. The patient does not seem to present with other indications for Cymbalta such as depression. The request is not medically necessary and appropriate.

**Neurontin 800mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AEDs (anti-epilepsy drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Guidelines on gabapentin, MTUS page 60 states that for medications use for chronic pain.

**Decision rationale:** This patient presents with neck and left upper extremity radiating pain. The treating physician is requesting Neurontin 800 mg. The MTUS Guidelines page 18 and 19 on gabapentin state that it has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. MTUS page 60 states that for medications use for chronic pain, efficacy in terms of pain reduction and functional gains must also be documented. The 02/12/2014 report notes, "He is able to perform his Activities of Daily Living (ADL)'s with his current medications." In this case, the treating physician has documented medication efficacy and continued use of Neurontin is reasonable. The request is medically necessary and appropriate.

**Baclofen 10mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Guideline on muscle relaxants, MTUS page 64 on baclofen Page(s): 63.

**Decision rationale:** This patient presents with neck and left upper extremity radiating pain. The treating physician is requesting Baclofen 10mg. The MTUS Guidelines page 63 on muscle relaxants for pain states that it recommends non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation with patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension. MTUS page 64 on baclofen (Lioresal, generic available) states, "The mechanism of action is blockade of the pre- and post-synaptic GABA receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating non-sedating paroxysmal neuropathic pain." The records show that the patient was prescribed baclofen on 02/12/2014. In this case, MTUS does not support the long term use of muscle relaxants. The request is not medically necessary and appropriate.