

<b>Case Number:</b>	CM14-0153333		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	12/03/2009
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 & Rehabilitation, 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 61 year old female with an injury date of 12/03/09. Based on the 06/18/14 progress report, the patient complains of ongoing neck pain radiating to her left arm. She rates her pain as a 7/10. The 08/12/14 report states that the patient continues to have neck pain with radiation/numbness to her left arm and low back pain which radiates to her right lower extremity. She rates her pain as a 6/10. The patient's diagnoses include the following: 1. Cervical degenerative disc disease 2. Thoracic sprain/strain 3. Lumbar discogenic syndrome 4. Myofascial pain 5. Back pain, lower 6. Lumbosacral or thoracic: neuritis or radiculitis, unspec The utilization review determination being challenged is dated 08/29/14. Treatment reports were provided from 04/15/14- 08/12/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Diclofenac 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

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

**Decision rationale:** According to the 08/12/14 report, the patient presents with neck pain with radiation/numbness to her left arm and low back pain which radiates to her right lower extremity. The retrospective request is for Diclofenac 100 MG #60. The 08/12/14 report indicates that the patient is getting a refill of Diclofenac; however, there is no indication of how long the patient has been taking this medication for. The MTUS Guidelines page 22 supports the use of NSAID for chronic low back pain as a first line of treatment. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. The medical file provided for review does not discuss this medication. Given that there are no discussions of efficacy, the request is not medically necessary.

**Retrospective request for Omeprazole 20mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** According to the 08/12/14 report, the patient presents with neck pain with radiation/numbness to her left arm and low back pain which radiates to her right lower extremity. The retrospective request is for Omeprazole 20 MG #60. The patient is currently taking Diclofenac, Naproxen, Mentoderm, and Cymbalta. The patient has been taking Omeprazole as early as 04/15/14. MTUS Guidelines pages 68 and 69 state the omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Ages greater than 65. 2. History of peptic ulcer and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroids and/or anticoagulants. 4. High-dose multiple NSAIDs. The 08/12/14 report states that the patient's "GI upset [is] controlled with Omeprazole 20 mg. Stomach upset worsen[s] without Omeprazole." In this case, the patient receives benefit from the use of Omeprazole. Therefore the request is medically necessary.

**Retrospective request for Cymbalta 60mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16, 17.

**Decision rationale:** According to the 08/12/14 report, the patient presents with neck pain with radiation/numbness to her left arm and low back pain which radiates to her right lower extremity. The retrospective request is for Cymbalta 60 mg #30 for persistent neuropathic pain in her upper and lower extremities. The patient is beginning a trial of Cymbalta and has failed the use of Gabapentin and Topiramate before. For Cymbalta, the MTUS guidelines pg16, 17 states, "Duloxetine (Cymbalta ) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. Trial period: Some relief may occur

in first two weeks; full benefit may not occur until six weeks." In this case, the patient should be allowed a trial of Cymbalta for her neuropathic pain. Therefore the request is medically necessary.