

<b>Case Number:</b>	CM14-0021531		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	12/10/2003
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 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 patient is a represented [REDACTED], employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of July 25, 2012. Thus far, the patient has been treated with the following: Analgesic medications; adjuvant medications; attorney representation; topical agents; and extensive periods of time off work. In a utilization review report dated February 18, 2014, the claims administrator denied a request for Cymbalta, denied a request for Celebrex, denied a request for home health aide, conditionally denied a request for Topamax, and denied a request for Vicodin. The patient's attorney subsequently appealed. In a handwritten note dated June 13, 2014, difficult to follow, not entirely legible, the patient reported multifocal complaints of neck and bilateral shoulder pain. The patient was given refills of Cymbalta, an unspecified topical drug, and morphine, and was placed off work, on total temporary disability. In a January 22, 2014 appeal letter, the attending provider stated that the patient was an elderly patient who had injured her neck and back some 10 years prior. The patient was still having difficulty performing prolonged sitting, standing, walking, lifting, and driving, it was stated. The patient was no longer able to drive and was using a walker and cane to move about. The patient was using a motorized wheelchair to move about. The attending provider stated that the patient needed a home health aide to help her obtain groceries, prepare food, and perform laundry. The patient was reportedly using Vicodin, Celebrex, Cymbalta, and Topamax, it was acknowledged. On November 26, 2013, the attending provider acknowledged that the patient was worsening, in terms of both pain and functioning. The patient was drinking alcohol for pain relief, it was stated, and also reported heightened complaints of upper extremity pain, paresthesias, weakness, and pain. The patient was having issues with spasticity. The patient's wheelchair was 10 years old and was being heavily utilized, it was stated. The patient needed a home health aide to help her perform activities as basic as washing her hair, cooking,

dressing, walking, cleaning, and doing laundry, it was stated. A variety of medications, including many of the agents at issue, were refilled.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**CYMBALTA:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine/Cymbalta Page(s): 15, 7.

**Decision rationale:** While page 15 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Cymbalta is FDA approved in management of anxiety and depression and can be employed off label for radiculopathy, as is present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the applicant is off work, on total temporary disability. The applicant has failed to demonstrate any material improvements in function with ongoing usage of Cymbalta. The applicant remains dependent on various forms of opioid therapy, including Vicodin, and is having difficulty performing activities of daily living as basic as standing, walking, performing laundry, washing her hair, etc. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20(f) despite prior use of Cymbalta and does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.

**CELEBREX:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22, 7.

**Decision rationale:** While page 22 of MTUS Chronic Pain Medical Treatment Guidelines does suggest that Celebrex, a COX-2 inhibitor, can be employed in applicants who have a history of gastrointestinal complications, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the applicant is off work. The applicant's pain complaints are heightened from visit to visit as opposed to reduced from visit to visit, despite ongoing Celebrex usage. The applicant is having difficulty performing activities of daily living as basic as standing, walking, food preparation, washing her hair, etc. All of the above, taken together, suggests a lack of functional

improvement as defined in MTUS 9792.20(f), despite ongoing usage of Celebrex. Therefore, the request is not medically necessary.

**6 MONTHS OF HOME HEALTH CARE ASSISTANCE 5 DAYS PER WEEK:** 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 Home Health Services Page(s): 51.

**Decision rationale:** The services seemingly being sought here are non-medical assistance with activities of daily living such as cooking, cleaning, obtaining groceries, performing laundry, and food preparation. Such services are specifically not covered as standalone services, it is stipulated on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.