

<b>Case Number:</b>	CM14-0025245		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	01/10/2005
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Pain 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 injured worker is a 54-year-old female who reported an injury on 01/10/2005 due to a fall. The clinical note dated 01/30/2014 noted the injured worker presented with neck pain and bilateral shoulder pain. Previous treatment included acupuncture, massage, facet joint injections, and medications that include Flexeril, Diclofenac, Cymbalta and Norco. Upon examination, the injured worker had tenderness to palpation over the paravertebral muscles bilaterally to the neck, and diminished range of motion of the cervical spine. Inspection of the spine revealed occipital tenderness bilaterally, and tenderness over the upper and middle cervical right, and tenderness over the upper and middle cervical left side and tenderness to palpation over the trapezius bilaterally. There was a positive facet loading test bilaterally. The diagnoses were chronic pain syndrome, post laminectomy syndrome in the cervical region, cervical spondylosis with myelopathy, migraine without aura, and obesity unspecified. The provider recommended Flexeril, Diclofenac, Cymbalta, and Norco as treatment for chronic pain syndrome. The Request for Authorization Form was dated 02/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLEXERIL 10 MG #90 WITH ONE REFILL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, Generic Available).

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

**Decision rationale:** The request for Flexeril 10 mg with a quantity of 90 and 1 refills is not medically necessary. The California MTUS Guideline recommends Flexeril as an option for a short course therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that the shorter courses may be better. Treatment should be brief. The request for Flexeril 10 mg with a quantity of 90 exceeds the guideline recommendation of short term therapy. The injured worker has been prescribed Flexeril since at least 09/2013 and the provided documentation lack evidence of the efficacy of the medication. There is a lack of a clear and adequate pain assessment and significant objective functional improvement with the medication. The provider's request did not indicate the frequency of the medication. As such, the request is not medically necessary.

**DICLOFENAC 75 MG #60 WITH THREE REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

**Decision rationale:** The request for Diclofenac 75 mg with a quantity of 60 with 3 refills is not medically necessary. The California MTUS Guideline recommends the use of NSAIDS for injured workers with osteoarthritis including knee and hip and injured workers with acute exacerbations of chronic low back pain. The guideline recommends NSAIDS at the lowest dose for the shortest period for the injured worker with moderate to severe pain. Acetaminophen may be considered as initial therapy for injured workers with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular and renovascular risk factors. Injured workers with acute exacerbations of chronic pain, the guideline recommends NSAIDS as an option for short term symptomatic relief. The injured worker has been prescribed Diclofenac since at least 09/2013; the efficacy of the medication is not documented. There is a lack of evidence of significant functional improvement with this medication. The provider did provide the rationale of the request. The providers request did not indicate the frequency of the medication. As such, the request is not medically necessary.

**CYMBALTA 30 MG #90 WITH THREE REFILLS:** Upheld

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

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

**Decision rationale:** The request for Cymbalta 30 mg with a quantity of 90 and 3 refills is not medically necessary. The California MTUS Guideline recommends Cymbalta as an option in

first line treatment for neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in other analgesic medication, sleep quality and duration, and psychological assessment. There is a lack of evidence of an objective assessment of the injured worker's pain level. Furthermore, there is a lack of documented evidence of the efficacy of the injured worker's medication. The injured worker has been prescribed Cymbalta since at least 09/2013. There was no evidence of significant functional improvement. The provider request did not indicate the frequency of the medication. Therefore, the request is not medically necessary.

**NORCO 10/325 MG #120 WITH TWO REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78.

**Decision rationale:** The request for Norco 10/325 mg with a quantity of 120 with 2 refills is not medically necessary. The California MTUS recommends the use of opioids for ongoing management of chronic low back pain. The guideline recommends ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be evident. The injured worker has been prescribed Norco since at least 09/2013. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation for risk of aberrant drug abuse behavior, and side effects. There is a lack of evidence of the efficacy of the medication. There is a lack of a complete and adequate pain assessment for the injured worker. The provider did not indicate the frequency of the medication in the request. As such, the request is not medically necessary.