

<b>Case Number:</b>	CM14-0045459		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/13/2005
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 and is licensed to practice in Nevada. 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 53-year-old male who was reportedly injured on March 13, 2005. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated June 10, 2014 indicates that there are ongoing complaints of low back pain and constipation. The physical examination demonstrated lumbar spasms with tightness and a positive straight leg raise test. There was a decreased Achilles reflex compared to the patellar tendon reflex although it is not stated on which side. The diagnostic imaging studies reported an L1-L2 disc bulge with mild neural foraminal narrowing. It was stated that the injured employee should reduce his current medications. The medications at this time include Flurazepam, Gabapentin, Hydrocodone/Acetaminophen, Hydrocodone, Cymbalta, Dexilant and Polyethylene Glycol. The treatment includes physical therapy, chiropractic care, group therapy, and an epidural steroid injection. A request had been made for Cyclobenzaprine, Cymbalta, Hydrocodone/Acetaminophen and Dexilant and was not certified in the pre-authorization process on March 1, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10 mg, QTY: 30 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

**Decision rationale:** Cyclobenzaprine is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons this request for Cyclobenzaprine is not medically necessary.

**Cymbalta 60 mg, QTY: 30 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

**Decision rationale:** According to the most recent progress note dated June 10, 2014, the injured employee does not have any complaints of radicular symptoms nor is there any evidence of any on physical examination. Additionally there is no diagnosis of depression/anxiety. For these reasons this request for Cymbalta is not medically necessary.

**Dexilant 60mg QTY: 30 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs), GI Symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** According to the California Medical Treatment Utilization Schedule Guidelines, Dexilant is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. Additionally the injured employee does not have any significant risk factors for potential gastrointestinal complications. The most recent progress note dated on June 10, 2014 does not indicate that the injured employee has any gastrointestinal problems other than constipation which has been treated with laxatives. There is also no mention of any side effects of other medications causing gastric upset. For these reasons this request for Dexilant is not medically necessary.

**Hydrocodone/Acetaminophen 5/325 mg, QTY: 60 with 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78.

**Decision rationale:** Hydrocodone/acetaminophen is a short-acting opioid combined with Acetaminophen. California Medical Treatment Utilization Schedule supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Hydrocodone/Acetaminophen is not medically necessary.