

<b>Case Number:</b>	CM14-0046076		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	01/24/1989
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 64-year-old male who reported an injury on 01/24/1989. The mechanism of injury was not stated. Current diagnoses include facet joint pain, tenderness at the facet joints, left L5 radiculopathy with left foot drop, lumbar disc displacement, lumbar disc protrusion, lumbar postlaminectomy syndrome, deconditioning, status post L4-S1 fusion with hardware removal and status post spinal cord stimulator implantation. The injured worker was evaluated on 04/11/2014 with complaints of bilateral lower back pain. It was noted that the injured worker was evaluated into the emergency department on 03/16/2014 for severe lower back pain. Current medications include Robaxin, Cymbalta 90 mg, Aspirin, Zocor, Skelaxin 800 mg, Ibuprofen 600 mg and Omeprazole 20 mg. Physical examination on that date revealed tenderness over the L1-3 facet joints, restricted lumbar range of motion, positive lumbar facet joint provocative maneuvers, depressed reflexes, diminished strength, and decreased sensation in the left lower extremity. Treatment recommendations included continuation of the current medication regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60MG daily, 30 count with 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16..

**Decision rationale:** California MTUS Guidelines state antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Cymbalta has been FDA approved for anxiety, depression, diabetic neuropathy and fibromyalgia. It has also been used off-label for neuropathic pain and radiculopathy. The injured worker does maintain a diagnosis of lumbar radiculopathy. However, the injured worker has continuously utilized Cymbalta for an unknown duration. There is no documentation of objective functional improvement. There is no evidence of a significant change in the injured worker's physical examination that would indicate functional improvement. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

**Cymbalta 30MG daily, count 30 with 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Page 13-16.

**Decision rationale:** California MTUS Guidelines state antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Cymbalta has been FDA approved for anxiety, depression, diabetic neuropathy and fibromyalgia. It has also been used off-label for neuropathic pain and radiculopathy. The injured worker does maintain a diagnosis of lumbar radiculopathy. However, the injured worker has continuously utilized Cymbalta for an unknown duration. There is no documentation of objective functional improvement. There is no evidence of a significant change in the injured worker's physical examination that would indicate functional improvement. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

**Ibuprofen 600MG, 90 count.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72..

**Decision rationale:** California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain NSAIDs are recommended as a second line option after acetaminophen. As per the documentation submitted the injured worker has continuously utilized ibuprofen for an unknown duration. Despite the ongoing use of this medication the injured worker continues to report persistent pain. There is no documentation of objective functional improvement. California MTUS Guidelines do not recommend long term use of

NSAIDs. There is no frequency listed in the current request. As such, the request is non-certified.

**Robaxin 500MG, 2 tables daily, 180 count.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Page 63-66.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. The injured worker has continuously utilized Robaxin for an unknown duration. There was no documentation of objective functional improvement. There is also no evidence of palpable muscle spasm or spasticity upon physical examination. California MTUS Guidelines do not recommend long term use of muscle relaxants. Based on the clinical information received and the California MTUS Guidelines the request is non-certified.

**Omeprazole 20MG twice daily, 60 count with 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69..

**Decision rationale:** California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factors and no cardiovascular disease do not require the use of a proton pump inhibitor. As per the documentation submitted there is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the injured worker does not meet criteria for the requested medication. As such, the request is non-certified.