

<b>Case Number:</b>	CM14-0052013		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	12/13/2000
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Illinois. 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 58-year-old female who reported a work related injury on 12/13/2000 while lifting boxes and moving fixtures felt a pain develop in her back, going down into her buttock area. The injured worker stated she also has had other issues resulting from that injury, as well as her back injury. The injured worker has been seen by a number of physicians over the years. The injured worker has had physical therapy and chiropractic sessions in the past, had surgery in 2004 for anterior-approach fusion. After surgery, she developed a hernia at the incision site. The injured worker never went back for physical therapy after the surgery, but stated she did try exercising on her own for 2 years. The injured worker had surgery again in 2007. The injured worker had complaints of decreased coordination of her left foot. She also stated that if she exercises, she loses sensation in the left leg. The injured worker had other treatments, including nerve root block. She stated she had problems with a bowel movement for 11 days and developed problems with voiding. The injured worker stated the average pain is 5/10 to 6/10. The least amount of pain is stated to be at 4/10. The injured worker had complaints of pain in her head, neck, upper back, mid back, lower back, buttocks, both arms and legs. She also complained of numbness in the left foot. Diagnostic studies were not submitted for review. The injured worker stated she is participating in aquatic therapy which she states is helpful. Past surgeries were 2-level fusion, S1-L4, 2004, and a repair of that fusion in 2007, and hernia repair. Physical examination on 02/26/2014 revealed right lower extremity rotation of the right hip caused pain in the leg and into the quad area. No defect McMurray's, and lateral pressure did not hurt the injured worker. Mild swelling of the medial area but not by the area of meniscus. No crepitations with flexion/extension, however, flexion of the knee caused cramping in the left of the back. Left lower extremity has had limited left hip external rotation. There was decreased sensation and power, flexion of the left knee caused cramping of gastroc and foot

intrinsic. Neuro examination revealed decreased sensation bilaterally, right side showed less sensation than left, L5-S1 distribution. There was decreased sensation in the ellipsoid area along the right thigh. The injured worker had tried Celebrex and Lyrica in the past with side effects. Current medications for the injured worker were ibuprofen, Cymbalta, baclofen, Robaxin, melatonin, aspirin, Senokot, Zocor, calcium, vitamin D, vitamin D3, Fosamax, and albuterol inhalers. Diagnoses for the injured worker were status post laminectomy syndrome x2 with complications of pseudoarthrosis requiring the second posterior surgery and incisional hernia. There was L3 radiculopathy versus meralgia paresthetica, right lower extremity. There was possible mild complex regional pain syndrome versus nerve damage, marked by autonomic dysfunction and changes in skin temperature despite equal pulses. Neurogenic bowel and bladder related to loss of sensation, possible carpal tunnel syndrome, possible degenerative disc disease, cervical, muscle strain. Treatment plan for the injured worker was to continue with medications as prescribed. Also for the injured worker to continue with TENS unit for activities but see if there are other forms of wave generation that will provide more continuous modulated stimulation. The rationale and Request for Authorization were not submitted for review.

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

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

**Duloxetine 20mg #90 with 0 refill:** 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): 43-44.

**Decision rationale:** The medical necessity for duloxetine (Cymbalta) was not reported in the documents submitted. It was not reported the functional improvement of the injured worker from taking the medication. The California Medical Treatment Utilization Schedule states duloxetine is recommended as an option in first-line treatment for neuropathic pain. Duloxetine is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, with effect found to be significant by the end of week 1. The request submitted did not indicate a frequency for the medication. Diagnostic studies and surgeries were not submitted for review. Therefore, the request is not medically necessary and appropriate.

**Ibuprofen 800mg #180 with 0 refill:** Upheld

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

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

**Decision rationale:** It was reported in the exam dated 02/26/2014 that the injured worker is taking ibuprofen 600 mg in the morning, 800 mg 1-2 at night, and occasional afternoons. The medical necessity for taking a prescription ibuprofen versus an over-the-counter was not reported. The California Medical Treatment Utilization Schedule states for ibuprofen, dosing is for osteoarthritis and off label for ankylosing spondylitis, 1200 mg to 3200 mg daily. Individual patients may show no better response to 3200 mg as 2400 mg, and sufficient clinical improvement should be observed to offset potential risks of treatment with the increased dose. Higher doses are generally recommended for rheumatoid arthritis. Dosage should not exceed 3200 mg a day. Mild pain to moderate pain 400 mg by mouth every 4 to 6 hours as needed. Doses greater than 400 mg have not reported greater relief of pain. The injured worker does not have a diagnosis of osteoarthritis or rheumatoid arthritis. Also, the request does not indicate a frequency for the medication. There was no documentation of functional improvement or rationale submitted for taking this medication. Therefore, the request is not medically necessary and appropriate.

**Methocarbamol 500mg #180 with 0 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics, Methocarbamol Page(s): 65.

**Decision rationale:** Methocarbamol is a muscle relaxant. The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. Side effects include drowsiness, dizziness, and lightheadedness. Dosing is 1500 mg 4 times a day for the first 2 to 3 days, then decrease to 750 mg 4 times a day. The medical necessity for taking this drug was not recorded in the documents submitted. The request is does not indicate a frequency for the medication. Therefore, the request is not medically necessary and appropriate.

**Baclofen 10mg #810 with 0 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Baclofen Page(s): 64.

**Decision rationale:** Baclofen is a muscle relaxant and an antispastic agent. The California Medical Treatment Utilization Schedule states antispasticity drugs are used to decrease spasticity in conditions such as cerebral palsy, MS, and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, proximal neuropathic pain. Side effects for baclofen are sedation, dizziness, weakness, hypotension, nausea, respiratory depression and constipation. This drug should not be discontinued abruptly (withdrawal includes the risk of hallucinations and seizures). Use with caution in patients with renal and liver impairment. Oral dosing is

recommended at 5 mg 3 times a day. Upward titration can be made every 3 days up to a maximum dose of 80 mg a day. According to the progress note dated 02/26/2014, the injured worker's baclofen was 10 mg 3 tablets 3 times a day. This exceeds the maximum dose recommended of 80 mg a day. The request submitted does not indicate a frequency for the medication. The medical necessity for taking baclofen 10 mg 3 times a day was not reported. Therefore, the request is not medically necessary and appropriate.