

Case Number:	CM14-0187295		
Date Assigned:	11/17/2014	Date of Injury:	05/28/2009
Decision Date:	01/06/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/10/2014

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 applicant is a represented [REDACTED] who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 28, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; transfer of care to and from various providers in various specialties; earlier lumbar spine surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 31, 2014, the claims administrator partially approved a request for 90 tablets of Flexeril as 45 tablets of the same, partially approved a request for 30 tablets of Cymbalta as 15 tablets of the same. Somewhat incongruously, the claims administrator then wrote at the top of its Utilization Review Report that it was approving 90 tablets of Lyrica and 45 tablets of Flexeril and 15 tablets of Cymbalta. The decision at the top of the report, thus, was inconsistent with that within the body of the report. The applicant's attorney subsequently appealed. In a September 13, 2014 progress note, the applicant reported ongoing complaints of low back and mid back pain. The applicant's intrathecal pain pump was refilled, as were Percocet, Lyrica, Cymbalta, and Flexeril. It was stated that the applicant was able to perform light household tasks with his medications, both oral and intrathecal. There was no further discussion of medication efficacy. The applicant's work status was not furnished. In an October 2, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant's medications included OxyContin, Lyrica, Voltaren gel, Flexeril, Cymbalta, Motrin, intrathecal Dilaudid. The applicant is status post shoulder surgery and lumbar spine surgery, it was acknowledged, following an industrial injury sustained when the applicant fell out of a tree. The applicant's intrathecal pain pump was refilled, as was oxycodone. There was little to no discussion of medication efficacy. On July 9, 2014, the applicant reported ongoing complaints of low back pain. The applicant exhibited depressed mood and a flat affect. The applicant was asked to continue Percocet. It was stated

that the applicant's intrathecal Dilaudid dose was increased by 14%. The applicant's medications on this date apparently included Flexeril, Cymbalta, Motrin, Percocet, and Voltaren.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg #90: Upheld

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

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant is, in fact, using a variety of other agents, including Cymbalta, Lyrica, Percocet, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 90-tablet supply of Flexeril proposed is at odds with the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Cymbalta 60 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta section and Functional Restoration Approach to Chronic Pain Management section Page(s).

Decision rationale: While page 15 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Cymbalta is FDA approved in the management of anxiety, depression, diabetic neuropathy, and fibromyalgia, but can be employed off label for radiculopathy, as is present here, this recommendation, however, 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. Here, however, the applicant is seemingly off of work. The applicant has failed to return to work as tree trimmer, it has been acknowledged. Ongoing usage of Cymbalta has failed to curtail the applicant's dependence on either oral opioids such as Percocet or intrathecal opioids such as Dilaudid. The attending provider has failed to elaborate or expound upon any improvements in function achieved as a result of ongoing use of Cymbalta and/or medications. Therefore, the request was not medically necessary.