MAXIMUS Federal Services

Case Number:	CM14-0187931		
Date Assigned:	11/18/2014	Date of Injury:	09/29/2007
Decision Date:	01/06/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/11/2014

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 and 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 67 year-old male with a date of injury of September 29, 2007. The patient's industrially related diagnoses include post lumbar laminectomy syndrome, chronic thoracic strain, and right L5 radiculopathy. The disputed issues are Celebrex 200mg #30 x 1 refill, Cyclobenzaprine 10mg #10 x 1 refill, Lyrica 75mg #30 x 1 refill, and Cymbalta 60mg #30 x 1 refill. A utilization review determination on 11/4/2014 had partially certified Lyrica for #30 tablets for weaning but non-certified the other requests. The stated rationale for the denial was: "The California MTUS Guidelines recommend non sedation muscle relaxants with caution as a second line option for short term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 weeks to 3 weeks. Cymbalta has been FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It has also been used off label for neurotic pain and radiculopathy; however, there is no high quality evidence to support the use of Cymbalta for lumbar radiculopathy. 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. Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia. There was no documentation of an acute execration of chronic pain. There was no evidence of spasticity or palpable muscle spasm upon physical examination. The medical necessity for the requested medication regimen has not been established."

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #10 x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

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

Decision rationale: Regarding the request for Cyclobenzaprine 10mg, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Cyclobenzaprine specifically is recommended for a short course of therapy. Within the submitted medical records available for review, there was no identification of a specific analgesic benefit or objective functional improvement as a result of the Cyclobenzaprine. In the progress report dated 9/24/2014, there was no documentation of subjective symptoms consistent with acute exacerbations of muscle spasms and paravertebral muscles were noted to be normal on physical examination. Additionally, it does not appear that this medication is being prescribed for short-term treatment as recommended by guidelines. In light of these issues, the currently requested Cyclobenzaprine 10mg #10 with 1 refill is not medically necessary.

Lyrica 75mg #30 x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-21.

Decision rationale: Regarding the request for Lyrica 75mg, Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the submitted medical records available for review and specifically in the progress report dated 8/27/14, the treating physician documented that the injured worker's pain was well managed with current medications but there was no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement with the use of Lyrica. In the progress report dated 1/14/2013, Lyrica 75mg was increased from 1 tablet a day to 1 tablet twice a day but there was no documentation of improvement in pain or functional level on the following visit dated 2/11/2013. There was no additional documentation provided in the subsequent visits documenting improvement in function. In the absence of such documentation, the currently requested Lyrica 75mg #30 with 1 refill is not medically necessary.

Cymbalta 60mg #30 x 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Neuropathic Pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 50, 61, 159,Chronic Pain Treatment Guidelines Antidepressants for Neuropathic Pain Page(s): 13-16.

Decision rationale: Regarding the request for Cymbalta, guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain in depressed patients. Cymbalta is an SNRI antidepressant that has been shown to be effective in relieving neuropathic pain of different etiologies. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. No high quality evidence is reported to support the use of Duloxetine for lumbar radiculopathy. Within the documentation available for review, the treating physician documented that Cymbalta was prescribed to address both pain and depressed mood. The injured worker was diagnosed with depression on 11/8/2009. Cymbalta was increased from 30mg daily to 60mg daily on 1/14/2013 and in the progress note dated 2/11/2013, there was documentation that the increased dose was helping the injured worker. Furthermore, a psychological evaluation on 2/7/2013 documented psychological improvement. Based on the documentation, the continuation of Cymbalta is supported by the guidelines. Therefore, in the case of this injured worker, the currently requested Cymbalta 60mg #30 with 1 refill is medically necessary.

Celebrex 200mg #30 x 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22, 30, 67-72. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence

Decision rationale: Regarding the request for Celebrex, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Celebrex is recommended for patients at intermediate to high risk for gastrointestinal events with no cardiovascular disease. Within the submitted medical records available for review, the treating physician documented that the injured worker's pain was well managed with current medication, which included Celebrex, and there was documentation of pain relief provided by the medication. In the progress report dated 7/17/2013, the treating physician indicated that the injured worker was cleared by his cardiologist to use Celebrex so the medication was prescribed to be used 1 tablet per day as needed. In the progress report dated 8/27/2014, Celebrex was prescribed as needed for musculoskeletal pain. Furthermore, the injured worker is 67 years old, which places him at risk for possible

gastrointestinal events with NSAID use and the guidelines recommended the option of using a Cox-2 selective agent such as Celebrex. Therefore, in the case of this injured worker, the currently requested Celebrex 200mg #30 with 1 refill is medically necessary.