

<b>Case Number:</b>	CM14-0206521		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	08/20/2005
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

### 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 claimant has a history of a work injury occurring on 08/20/05 while working as a fork lift operator with injury to the low back. He continues to be treated for low back pain. He was seen by the requesting provider on 04/01/14. There had been a flare up of pain two weeks before. He was having low back pain with numbness in the right greater than left lower extremity. Medications were Naprosyn, Cymbalta, and a topical patch. Physical examination findings included paraspinal muscle tenderness with decreased right lower extremity sensation. Recommendations included a continued home exercise program. He was maintained out of work. On 08/19/14 pain was rated at 3-9/10. He was having pain in the back of his knees. There was improvement with use of TENS. He remained limited in terms of walking and lifting. He was performing a home exercise program. Physical examination findings included decreased and painful lumbar spine range of motion with paraspinal tenderness and tenderness at L5-S1. Cymbalta, Naprosyn, Flector, and Vasotec were refilled. On 11/18/14 medications were refilled. There was decreased lower extremity sensation. He was benefiting from Naprosyn and was continuing to use TENS. Urine drug screening was performed and was consistent with the prescribed medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 20mg #30 with three refills: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta).

**Decision rationale:** The claimant is nearly 10 years status post work-related injury and continues to be treated for chronic radiating low back pain. Medications include Cymbalta, Naprosyn, and Flector. In terms of Cymbalta (Duloxetine), it can be recommended as an option in first-line treatment of neuropathic pain. The maximum dose is 120 mg per day. The requested dose is consistent with that recommended and therefore medically necessary.

**Naprosyn 500mg #80 with three refills: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 73.

**Decision rationale:** The claimant is nearly 10 years status post work-related injury and continues to be treated for chronic radiating low back pain. Medications include Cymbalta, Naprosyn, and Flector. Oral NSAIDs (non steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation as in this case. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dose is in within guideline recommendations and therefore medically necessary.

**Flector 1.3% patch #30 with three refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page 131 and 132.

**Decision rationale:** The claimant is nearly 10 years status post work-related injury and continues to be treated for chronic radiating low back pain. Medications include Cymbalta, Naprosyn, and Flector. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, Naprosyn is also being prescribed. Prescribing two non-steroidal anti-inflammatory medications would be duplicative and is not considered medically necessary.

