

<b>Case Number:</b>	CM14-0208231		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	12/05/2008
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Internal 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 (IW) is a 57-year-old woman with a date of injury of injury of December 5, 2008. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are cervical disc displacement without myelopathy; degenerative disc disease; degeneration lumbar spine disc; and disorders of sacrum. Pursuant to the pain management follow-up note dated November 6, 2014, the IW is a graduate of the [REDACTED] Functional Restoration Program. She is still having increased low back pain with radiation into the bilateral lower extremities. She has increased numbness and tingling in the legs as well as weakness. The IW reports she has not been getting her Cymbalta that has been helpful in decreasing some of the numbness and tingling sensation in her arms and legs. The objective physical examination of the lower back and lower extremities is entirely unremarkable. Current medications include Cymbalta 60mg, Soma 350mg, and Norco 10/325mg. The IW has been taking Cymbalta since October 31, 2013 according to a progress note with the same date. There was no evidence of objective functional improvement with the ongoing use of Cymbalta. Some of the documentation in the progress notes indicate Cymbalta is used for mood and some of the progress notes indicate Cymbalta is used for neuropathic pain. The documentation states the IW had an MRI of the lumbar spine back in 2009. Multiple requests have been submitted to repeat the MRI of the lumbar spine because the IW is experiencing increasing pain and radicular symptoms. The treating physician would like to rule out any further pathology. Of note, a urine drug screen (UDS) dated April 25, 2014 was positive for Methadone, which was not prescribed to the IW. The treating physician reports that her DEA is inconsistent, and he does not feel like she is a candidate for opiate medications. The office will no longer continue to prescribe her opiate pain medications. The current request is for Cymbalta 60mg #30, and repeat MRI of the lumbar spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60mg #30 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Cymbalta

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cymbalta 60 mg #30 with three refills is not medically necessary. Cymbalta is recommended as an option in the first-line treatment of neuropathic pain. It is FDA approved for treatment of depression, generalized anxiety disorder and for treatment of pain related to diabetic neuropathy. For additional details see the Official Disability Guidelines and the Chronic Pain Medical Treatment Guidelines. In this case, the injured worker's working diagnoses are cervical disc displacement without myelopathy; degeneration cervical disc; status post cervical fusion March 19, 2012; degeneration lumbar disc; and disorder sacrum. The documentation indicates the injured worker has been taking Cymbalta as far back as October 31, 2013. The documentation does not contain evidence of objective functional improvement (while taking Cymbalta). The injured worker continues to complain of neck and low back pain. A progress note dated August 25, 2013 indicates the injured worker is a graduate of [REDACTED] Functional Restoration Program. The documentation does not contain clinical support to warrant the ongoing use of Cymbalta. Some progress notes indicate Cymbalta was used for mood and some of the progress notes indicate Cymbalta is used for neuropathic pain. Consequently, based on the long-term use of Cymbalta without documentation evidencing objective functional improvement and varying indications ranging from mood to neuropathic, Cymbalta 60 mg #30 with three refills is not medically necessary.

**Repeat MRI lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Section, MRI

**Decision rationale:** Pursuant to the Official Disability Guidelines, repeat MRI of the lumbar spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and

findings suggestive of significant pathology (e.g. tumor, infection, fracture, neural compression, and recurrent disc herniation). The indications for magnetic resonance imaging are enumerated in the Official Disability Guidelines. In this case, the injured worker's working diagnoses are cervical disc displacement without myelopathy; degeneration cervical disc; status post cervical fusion March 19, 2012; degeneration lumbar disc; and disorder sacrum. The documentation states the injured worker had an MRI of the lumbar spine back in 2009. Multiple requests have been submitted to repeat the MRI of the lumbar spine because the injured worker is experiencing "increasing pain and radicular symptoms". The treating physician would like to rule out any further pathology. However, repeat MRI is not routinely recommended be reserved for a significant change in symptoms and findings suggestive of significant pathology. Physical examination from a progress note dated November 25, 2013 shows a normal gait, normal lordosis, symmetrical reflexes of the lower extremities with no pathologic reflexes, normal lumbar flexion, extension, bilateral lateral bending and rotation to the right and left, normal sensory examination of the lower extremities, and the motor strength was normal. A follow-up progress note dated November 6, 2014 states the injured worker is still having increased low back pain with radiation to the bilateral lower extremities. There is increased numbness and tingling in the legs as well as weakness. However, the objective physical examination of the lower back and lower extremities is entirely unremarkable with normal muscle tone, normal gait and mental status. There are no clinical findings indicating a significant change in symptoms or objective findings suggestive of significant pathology. There are no results from the [REDACTED] [REDACTED] Functional Restoration Program to review (i.e. physical therapy, etc.) Consequently, absent the appropriate clinical documentation to support an MRI of the lumbar spine and the lack of significant changes in symptoms and findings suggestive of significant pathology, repeat MRI of the lumbar spine is not medically necessary.