

Case Number:	CM15-0107985		
Date Assigned:	06/15/2015	Date of Injury:	02/09/2015
Decision Date:	07/20/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/04/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44 year old male who sustained an industrial injury on 2/9/15. Subjective complaints are low back pain with right greater than left lower extremity symptoms. Diagnoses are rule out lumbar radiculopathy and rule out intradiscal component. A treating physician report on 2/24/15 notes a negative x-ray of the spine. A follow up consultation primary treating physician report dated 4/15/15 notes the medication at current dosing facilitates maintenance of activities of daily living and that there is frequent inability to adhere to the recommended exercise regime without medication on board, due to pain, now maintained with medication. The injured worker reports objective improvement with medication on board, including tolerance to activity and improved function at the current dosing. Tramadol ER at 300 mg per day results in approximately a five point decrease in pain depending on level of activity and it has facilitated the discontinuation of schedule 2 instant release opioid narcotic analgesic use. Non-steroidal anti-inflammatory drugs did not facilitate improved range of motion and additional 2 point average on a scale of 10 in diminution of pain. Refractory spasm prior to Cyclobenzaprine at the current dosing was noted and it decreases spasm for approximately 4-6 hours leading to marked improvement in range of motion, tolerance to exercise, and a decrease in pain 2-3 points/10 on average. Spasm was refractory to activity modification, stretching, moist heat, cold therapy, physical therapy, and home exercise. Objective findings on exam notes lumbar spine tenderness and range of motion of flexion 50 degrees, extension 40 degrees, left and right lateral tilt 35 degrees, and left and right rotation 35 degrees. Positive straight leg raise on the right for pain to the foot at 35 degrees and on the left for pain to the distal calf at 45 degrees. The right extensor hallucis longus is 4+5, and eversion is 4+5. The left extensor hallucis

longus is 5 minus/5 and eversion is 5 minus/5. There is diminished sensation on the right greater than the left at the L5 and S1 dermatomal distributions. Spasm of the lumboparaspinal musculature is noted. Work status noted 4/15/15 is that he is temporarily totally disabled for 4 weeks. Prior treatment includes Acetaminophen, Motrin, Anaprox, proton pump inhibitors, Theragesic Creme, Tramadol ER, lumbo-sacral orthosi, transcutaneous electrical nerve stimulation, and at least 3 physical therapy visits. The requested treatment is for Cyclobenzaprine 7.5 mg #90 and Duloxetine 30 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Duloxetine 30mg #60 (DOS: 4/15/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Medications for chronic pain Page(s): 16-17, 60.

Decision rationale: The patient was injured on 02/09/15 and presents with low back pain with right greater than left lower extremity symptoms. The retrospective request is for DULOXETINE 30 MG #60 (DOS: 04/15/15). There is no RFA provided and the patient is temporarily totally disabled for 4 weeks, as of the 05/06/15 report. It is unknown when the patient began taking this medication, as none of the reports provided discuss Duloxetine. For Cymbalta, the MTUS guidelines page 16-17 states, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks." The patient has tenderness along the lumbar spine, a limited lumbar spine range of motion, a positive straight leg raise, spasm of the lumboparaspinal musculature, and diminished sensation right greater than left at the L5 and S1 dermatomal distributions. He is diagnosed with rule out lumbar radiculopathy and rule out intradiscal component. In this case, and it is unknown when he began taking it and the treater does not specifically discuss efficacy of Duloxetine on any of the reports provided. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation, the requested Duloxetine IS NOT medically necessary.

Retro Cylcobenzaprine 7.5mg #90 (DOS: 4/15/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The patient was injured on 02/09/15 and presents with low back pain with right greater than left lower extremity symptoms. The retrospective request is for CYCLOBENZAPRINE 7.5 MG #90 (DOS: 04/15/15). There is no RFA provided and the patient is temporarily totally disabled for 4 weeks, as of the 05/06/15 report. This medication was first mentioned on the 05/06/15 report. MTUS Guidelines page 63-66 states muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommend for a short course of therapy. The patient has tenderness along the lumbar spine, a limited lumbar spine range of motion, a positive straight leg raise, spasm of the lumboparaspinal musculature, and diminished sensation right greater than left at the L5 and S1 dermatomal distributions. He is diagnosed with rule out lumbar radiculopathy and rule out intradiscal component. MTUS Guidelines do not recommend the use of cyclobenzaprine for longer than 2 to 3 weeks. In this case, the treater is requesting for 90 tablets of Cyclobenzaprine and it is unknown if this is for short-term use. Therefore, the requested Cyclobenzaprine IS NOT medically necessary.