

Case Number:	CM15-0131280		
Date Assigned:	07/17/2015	Date of Injury:	03/17/1998
Decision Date:	08/19/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/07/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 56-year-old female, who sustained an industrial injury on 03/17/1998. According to the most recent progress report submitted for review and dated 06/05/2015, the injured worker presented with chronic neck, shoulder and upper extremity pain. Fentanyl patches and Celebrex had been authorized. The combination of medications had been extremely helpful in reducing pain and allowing her to better function. Pain level was rated 6 on a scale of 1-10 with medications and 10 without medications. She was able to walk for about 30 minutes for exercise and was able to be more social. She had been transitioning from physical therapy to a home exercise program. She was also able to garden better with less pain. She was tolerating medications well but did have some constipation. Physical therapy had been completed and helped significantly with stiffness and achiness. She felt that she was able to stay at Fentanyl 25 micrograms. Celebrex helped her to stay low on her opioid pain medications. Physical examination demonstrated cervical spine tenderness to palpation over the cervical paraspinal muscles with muscle tension extending into the bilateral upper trapezius muscles. Range of motion of the cervical spine was decreased by 20% with flexion, 30% with extension and 20% with rotation bilaterally. Sensations were decreased to light touch at the left upper extremity compared to right upper extremity. Grip strength was 4/5 with left hand grip versus the right hand grip. Tinel's was positive bilaterally right greater than left at the bilateral wrists. Current medications included Flexeril, Celebrex, Senna, Protonix, Cymbalta, Lunesta, Miralax, Voltaren 1% gel, Fentanyl, Aspirin, Propranolol, Ramipril, Metformin, Lipitor, Vitamin D, Doxepin, Escitalopram, Alprazolam, Hydrochlorothiazide, Plaquenil, Bumetanide and Metoclopramide. Diagnoses included syndrome postlaminectomy cervical, carpal tunnel syndrome bilaterally status post 3 surgeries and syndrome tarsal tunnel. Prescriptions were written for Flexeril, Celebrex, Senna, Protonix, Cymbalta, Miralax, Voltaren 1% gel and Fentanyl. The injured worker was permanent and stationary and was to follow up in 4 weeks. Currently under review

is the request for Duloxetine 60 mg #30 with 1 refill and Cyclobenzaprine 10 mg #90 with 1 refill. Progress reports submitted for review dating back to 01/16/2015 shows that the injured worker has been using Flexeril and Cymbalta since that time. The most current physical examination on 06/05/2015 was unchanged from the oldest report submitted for review and dated 01/16/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine Cap 60mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management- Antidepressants-Selective Serotonin Norepinephrine Reuptake Inhibitor Page(s): 9, 13, 15-16.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. The MTUS guidelines state that antidepressants are indicated for the treatment of chronic musculoskeletal pain. They are recommended as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy. In this case, there is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care with use of Duloxetine. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.

Cyclobenzaprine Tab 10mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management-Muscle Relaxants Page(s): 9, 63-64.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs (nonsteroidal anti-inflammatory drugs) in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time and prolonged use

of some medications in this class may lead to dependence. In this case, documentation submitted for review shows long-term use of muscle relaxants, which is not recommended. There was no discussion that the injured worker was being treated for an acute exacerbation of pain. Despite long term use, physical examinations continued to demonstrate muscle tension. In addition, there is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care with the use of Cyclobenzaprine. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.