

Case Number:	CM15-0132494		
Date Assigned:	07/20/2015	Date of Injury:	09/29/2007
Decision Date:	08/26/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/09/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 injured worker is a 68 year old male patient who sustained an industrial injury on 09/29/2007. A primary treating office visit dated 06/22/2015 reported the patient with subjective complaint of having mid and lower back pain. He reports his activity level having increased. Current medications are: Cymbalta, Lyrica, Celebrex, Flexeril, ASA, and Omeprazole. The following diagnoses were applied: post lumbar laminectomy syndrome and radiculopathy. The patient is status post L4-5 fusion with subsequent foot drop. The plan of care noted continuing with current medications, recommending an injection, consideration for a spinal cord stimulator trial. The patient is permanent and stationary retired. He is to follow up in 12 weeks. At a follow up dated 03/25/2015 there were no changes to subjective or objective data, current medications, or with the plan of care.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 tablets of Cyclobenzaprine 10mg with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Cyclobenzaprine: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." Per p41 of the MTUS guidelines the effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment is recommended for the treatment of acute spasm limited to a maximum of 2-3 weeks. UDS that evaluate for Cyclobenzaprine can provide additional data on whether the injured worker is compliant, however in this case there is no UDS testing for Cyclobenzaprine. The documentation submitted for review indicates that the injured worker has been using this medication since at least 1/2015. There is no documentation of the patients' specific functional level or percent improvement with treatment with Cyclobenzaprine. As it is recommended only for short-term use, medical necessity cannot be affirmed. Furthermore, the request for 3 month supply does not allow for timely reassessment of medication efficacy. Therefore the request is not medically necessary.

30 capsules of Cymbalta 50mg with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

Decision rationale: Per MTUS CPMTG with regard to the use of antidepressants for chronic pain: "Recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain". (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. 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. With regard to medication history, the medical records indicate that the injured worker has been using this medication since at least 12/2014. The documentation submitted for review did not contain findings consistent with neuropathic pain. As the requested medication is not indicated, the request is not medically necessary. Furthermore, the request for 3 month supply does not allow for timely reassessment of medication efficacy. Therefore the request is not medically necessary.

20 capsules of Celebrex 200mg with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: Per MTUS CPMTG p70, Celebrex is used for the relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. It works as an anti-inflammatory, analgesic, and antipyretic. It does not have an anti-platelet effect and is not a substitute for aspirin for cardiac prophylaxis. The documentation submitted for review contains no evidence that the injured worker was refractory to treatment with ibuprofen or naproxen. The MTUS supports the use of Cox-2 inhibitors for individuals with an increased risk or history of GI complications. The documentation did not note any history of GI complications, or risk factors for GI complications. With regard to medication history, the medical records indicate that the injured worker has been using this medication since at least 12/2014. While it is noted that NSAIDs are clinically indicated for this claimant, the requested Celebrex is not supported by the guidelines. This request is considered not medically necessary. Furthermore, the request for 3 month supply does not allow for timely reassessment of medication efficacy. Therefore the request is not medically necessary.

60 capsules of Lyrica 75mg with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-17, 99.

Decision rationale: Per MTUS CPMTG, "Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia." Pregabalin is the pro-drug of gabapentin and is often used when gabapentin is clinically not sufficiently effective. Per MTUS CPMTG, "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per MTUS CPMTG p17, "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." With regard to medication history, the medical records indicate that the injured worker has been using this medication since at least 12/2014. The documentation submitted for review did not contain findings consistent with neuropathic pain nor did it contain evidence of improvement in function. As such, medical necessity cannot be affirmed. Furthermore, the request for 3 month supply does not allow for timely reassessment of medication efficacy. Therefore the request is not medically necessary.