

<b>Case Number:</b>	CM15-0136165		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	07/31/2008
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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, 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 42 year old female, who sustained an industrial injury on 07-31-2008 secondary to falling backwards injuring neck, shoulder, arms, hands and was noted to have severe spinal pain. On provider visit dated 03-16-2015 the injured worker has reported neck pain with headache, numbness and tingling in both hands. The injured worker also reported ongoing issue with anxiety and depression. On examination of the neck revealed limited range of motion in all planes. Right hand revealed a palpable ganglion cyst over the volar aspect of the wrist near the radio carpal joint. Finkelstein maneuver was noted painful in both wrists. The diagnoses have included carpal tunnel syndrome, cervical sprain-strain and history of cervicogenic and migraine type headaches related to neck injury. Treatment to date has included medication. The injured worker was noted not to be working. A progress report dated March 16, 2015 states that the patient has 50% reduction in pain and 50% functional improvement with the medications. Her pain is rated as 10/10 without the medication and 4/10 with the medication. Cyclobenzaprine is being prescribed for musculoskeletal pain and depression. Notes indicate that the patient is seeing a psychologist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #30:** Upheld

**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  
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**Decision rationale:** Regarding the request for Cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, there is no documentation of failure of first-line treatment options, as recommended by guidelines. In the absence of such documentation, the currently requested Cyclobenzaprine (Flexeril) is not medically necessary.

**Cymbalta 60mg #30:** Overturned

**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 Official Disability Guidelines (ODG) Chronic Pain Chapter, Antidepressants for Chronic Pain, Venlafaxine (Effexor).

**Decision rationale:** Regarding the request for Cymbalta, ODG recommends Cymbalta as an option in first-line treatment of neuropathic pain. Cymbalta is a member of the Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders, neuropathic pain, low back pain, and osteoarthritis. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, notes indicate that the patient's current medications improve her pain and function with no intolerable side effects. It would be preferred for the requesting physician to better document the analgesic efficacy and functional improvement from Cymbalta specifically. A one-month prescription of his medication, as requested here, should allow the requesting physician time to better document that issue. As such, the currently requested Cymbalta is medically necessary.