

<b>Case Number:</b>	CM15-0145593		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	03/04/2011
<b>Decision Date:</b>	09/16/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 77-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of March 4, 2011. In a Utilization Review report dated June 24, 2015, the claims administrator partially approved a request for Cymbalta while denying a request for Celebrex. The claims administrator represents a RFA form received on June 17, 2015 and an associated progress note of the same date in its determination. The applicant's attorney subsequently appealed. On said July 15, 2015 RFA form, Cymbalta, Celebrex, and gabapentin were endorsed. In an associated progress note of July 15, 2015, the applicant reported 7/10 low back pain radiating to the bilateral legs. The applicant was on Cymbalta, Neurontin, Celebrex, clonidine, Pepcid, Zocor, and aspirin, it was reported. The applicant's BMI is 27. Gastrointestinal review of systems was not taken. The applicant's stated diagnoses include lumbar radiculopathy, hip pain, and knee pain. The note was difficult to follow and mingled historical issues with current issues. The applicant was using a lumbar support and an H-wave device, it was reported. The attending provider posited that the applicant's standing and walking tolerance has been ameliorated somewhat as a result of ongoing medications consumption. Cymbalta, Celebrex, Neurontin, and a rather proscriptive 10-pound lifting limitations were renewed. It was acknowledged that the applicant was not working with said limitation in place. The applicant was asked to continue using a cane. The attending provider did state in one section of the note that Cymbalta is being employed primarily for mood stabilization purposes and secondarily for pain purposes. The attending provider stated that the applicant's mood had been ameliorated to some degree following introduction of Cymbalta. The

attending provider stated that all of the applicant's medications were somewhat beneficial, but did not elaborate further. The note, as noted previously, was difficult to follow and mingled historical issues with current issues.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 prescription for 30 Cymbalta 60mg: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 15.

**Decision rationale:** Yes, the request for Cymbalta, an atypical antidepressant, was medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, antidepressants such as Cymbalta may be helpful to alleviate symptoms of depression as were/are present here. The attending provider reported on July 15, 2015 that ongoing usage of Cymbalta had augmented the applicant's mood. Page 15 of the MTUS Chronic Pain Medical Treatment Guideline does acknowledge that Cymbalta is FDA approved in the treatment of depression, as was/is seemingly present here and further notes that Cymbalta can be employed off-label in the treatment of radiculopathy, as/was is also present here. While the attending provider's documentation does not establish the presence of substantive improvement from a chronic pain standpoint insofar as Cymbalta was concerned, the attending provider's July 15, 2015 progress note did explicitly state that the applicant's mood had been augmented to some extent following introduction of Cymbalta. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

#### **1 prescription for 30 Celebrex 200mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Anti-inflammatory medications; Functional Restoration Approach to Chronic Pain Management Page(s): 22; 7.

**Decision rationale:** Conversely, the request for Celebrex, a COX 2 inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guideline does acknowledge that COX 2 inhibitors such as Celebrex are indicated in treatment of applicants who are at heightened risk for development of GI complications, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medications" into his choice of recommendations. Here, however, the applicant was not working, it was acknowledged. On July 15, 2015, a rather proscriptive 10-pound lifting limitation was renewed on that date, effectively resulting in the applicant's removal from the workforce. The attending provider's reports of reduction in pain scores from 8/10 without

medications to 7/10 with medications on July 15, 2015 appeared marginal to negligible and was outweighed by the applicant's failure to return to work, and/or the attending provider's failure to outline any meaningful, material, and substantive improvements in function (if any) effected as a results of ongoing Celebrex usage. The attending provider, it was further noted, also reported in one section of July 15, 2015 progress note that the applicant was struggling to fulfill daily home responsibilities and "no outside activities." All of the foregoing, taken together, thus, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Celebrex. Therefore, the request was not medically necessary.