

<b>Case Number:</b>	CM15-0161362		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	11/21/2002
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 58 year old female sustained an industrial injury on 11-21-02. She subsequently reported neck pain. Diagnoses include cervical spondylosis without myelopathy. Treatments to date include MRI testing, physical therapy, radiofrequency ablation and prescription pain medications. The injured worker has continued complaints of pain in the neck. Upon examination, there was decreased range of motion in all directions in the neck due to pain. Tenderness was noted diffusely in the bilateral cervical and lumbar facets. A request for Tizanidine 4mg #180 and Cymbalta 60mg #30 was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 4mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of muscle relaxants, including Tizanidine, as a treatment modality. These guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. 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. 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, the records indicate that this muscle relaxant is being used as a long-term treatment strategy for this patient. As noted in the above cited guidelines, only short-term use is recommended. There is no rationale provided to justify long-term use. For this reason, Tizanidine is not a medically necessary treatment.

**Cymbalta 60mg #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of Cymbalta (also known as Duloxetine) as a treatment modality. These guidelines recommend Cymbalta as an option in first-line treatment option in neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, with effect found to be significant by the end of week 1 (effect measured as a 30% reduction in baseline pain). In the 8/13/2015 Utilization Review of the case, it was noted (on page 3 of the report) that the patient has experienced greater than a 30% reduction in baseline pain from the use of Cymbalta. Further, in the text of this report, Cymbalta 60mg #30 was certified as an appropriate treatment, based on the above cited guidelines. However, the first page of the report lists Cymbalta incorrectly as non-certified. In reviewing the medical records, there is evidence that Cymbalta meets the above cited criteria for use. The first page listing in the Utilization Review report appears to have been a clerical error. Cymbalta 60mg #30 is a recommended treatment based on MTUS guidelines. Therefore the request is medically necessary.