

Case Number:	CM15-0164511		
Date Assigned:	09/01/2015	Date of Injury:	07/31/2007
Decision Date:	10/15/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/21/2015

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

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 59 year old male, who sustained an industrial injury on 7-31-2007. The mechanism of injury is not described. The current diagnoses are lumbago, chronic back pain, and other chronic pain. According to the progress report dated 7-24-2015, the injured worker reports that he has been miserable over the past couple of weeks. He notes that his back is out for no apparent reason. He has not had this much pain in a year. The pain is rated 9 out of 10 on a subjective pain scale. The physical examination did not reveal any significant findings. The current medications are Norco, Skelaxin, and Cymbalta. There is documentation of ongoing treatment with Duloxetine and Metaxalone since at least 1-16-2015. Treatment to date has included medication management. Work status is not specified. A request for Duloxetine and Metaxalone has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine 50mg Qty 30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Duloxetine (Cymbalta).

Decision rationale: The patient presents on 07/24/15 with lower back pain rated 9/10 and loss of sleep secondary to pain. The patient's date of injury is 07/31/07. Patient is status post unspecified surgical procedure, date not provided. The request is for DULOXETINE 50MG QTY 30 WITH 1 REFILL. The RFA was not provided. Physical examination dated 07/24/15 notes an antalgic gait, "ongoing area of pain the same. Sitting on edge of chair and twisted." No physical examination findings are included. The patient is currently prescribed Cymbalta, Norco, and Skelaxin. Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines, Antidepressants for chronic pain section, pages 13-16 states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain." Under Duloxetine (Cymbalta) page 15-16 states it is "FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy." MTUS Chronic Pain Medical Treatment Guidelines, Pain Outcomes and Endpoints section, page 9 states: "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." In regard to the continuation of Cymbalta, adequate documentation of medication efficacy has not been provided. This patient has been prescribed Cymbalta since at least 03/20/15. The most recent progress note, dated 07/24/15 notes that this patient is currently prescribed Cymbalta (since at least 03/20/15). While this patient presents with significant chronic pain, recent progress notes neglect to document analgesia or functional improvements attributed to medications. MTUS guidelines required documentation of analgesia and functional improvement to substantiate continued use of medications when used for pain. In this case, none is provided and continuation of this medication cannot be substantiated. Therefore, the request IS NOT medically necessary.

Metaxalone 800mg Qty 60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The patient presents on 07/24/15 with lower back pain rated 9/10 and loss of sleep secondary to pain. The patient's date of injury is 07/31/07. Patient is status post unspecified surgical procedure, date not provided. The request is for METAXALONE 800MG QTY 60 WITH 1 REFILL. The RFA was not provided. Physical examination dated 07/24/15 notes an antalgic gait, "ongoing area of pain the same. Sitting on edge of chair and twisted." No physical examination findings are included. The patient is currently prescribed Cymbalta, Norco, and Skelaxin. Patient's current work status is not provided. MTUS Guidelines, Muscle Relaxants (for pain) section, page 63-66 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. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should

not be the primary drug class of choice for musculoskeletal conditions." In regard to the request for Metaxalone, treater has specified an excessive duration of therapy. Guidelines indicate that muscle relaxants such as this are only appropriate for acute exacerbations of lower back pain. While this patient does present with an acute episode of exacerbated lower back pain, he has been prescribed Metaxalone since at least 03/20/15. MTUS Guidelines do not recommend use of this class of medications for longer than 2 to 3 weeks, the requested 60 tablets with 1 refill, in addition to prior use does not imply short duration therapy. Therefore, the request IS NOT medically necessary.