

<b>Case Number:</b>	CM15-0182172		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	02/17/1999
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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: Massachusetts

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 55 year old female who sustained an industrial injury on 2-17-99. A review of the medical records indicates she is undergoing treatment for degenerative cervical spondylosis with chronic neck pain, myofascial pain syndrome - chronic neck pain, pain disorder with psychological and general medical conditions, and insomnia - persistent due to chronic pain, and diabetes mellitus, type II. Medical records (7-28-15 to 9-8-15) indicate chronic neck pain "with both nociceptive and affective components". The treating provider indicates that due to her diabetes, she is "more susceptible to generalized neuropathy". The injured worker complained of increasing muscle spasm in the neck region, but states that she "feels under control for the time being" (9-8-15). Her average pain rating on 7-28-15 was "9 out of 10". The treating physician provided education to the injured worker on myofascial pain and the use of her medications. A physical exam is not included in the provided records. Diagnostic studies are not included in the provided records. However, a request for a urine drug screen was requested. Treatment has included chiropractic treatment, oral and topical analgesics, anti-inflammatory medications, antidepressant medications, muscle relaxants, and a Thermacare heating pad. The utilization review (9-14-15) indicates requests for authorization of MS Contin 15mg, #90, Soma 350mg, #30, Cymbalta 90mg, #30, Thermacare #30, and Ibuprofen 800mg, #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #30:** Overturned

**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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

**Decision rationale:** The claimant has a remote history of a work injury occurring in February 1999 and continues to be treated for chronic neck and low back pain. She has a diagnosis of cervical spondylosis and myofascial pain. Medications are referenced as allowing her to maximize her level of physical function and improve her quality of life and providing partial pain relief. When seen, she was having increasing neck spasms. Chiropractic treatments had been the most effective and additional treatments were requested. MS Contin, Soma, ibuprofen 800 mg #100, ThermaCare, and Cymbalta were prescribed. The Cymbalta dose was 90 mg per day. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of ibuprofen ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the requested dosing is within guideline recommendations and medically necessary.

**Cymbalta 90mg #30:** 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): Duloxetine (Cymbalta). Decision based on Non-MTUS Citation Cymbalta prescribing information.

**Decision rationale:** The claimant has a remote history of a work injury occurring in February 1999 and continues to be treated for chronic neck and low back pain. She has a diagnosis of cervical spondylosis and myofascial pain. Medications are referenced as allowing her to maximize her level of physical function and improve her quality of life and providing partial pain relief. When seen, she was having increasing neck spasms. Chiropractic treatments had been the most effective and additional treatments were requested. MS Contin, Soma, ibuprofen 800 mg #100, ThermaCare, and Cymbalta were prescribed. The Cymbalta dose was 90 mg per day. In terms of Cymbalta (Duloxetine), it can be recommended as an option in first-line treatment of neuropathic pain. The maximum dose is 120 mg per day when used for major depressive or generalized anxiety disorder, but 60 mg per day when used for neuropathic pain, fibromyalgia, or diabetic peripheral neuropathy. The requested dose is in excess of that recommended and not medically necessary.

**Theramine #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic), Heat therapy.

**Decision rationale:** The claimant has a remote history of a work injury occurring in February 1999 and continues to be treated for chronic neck and low back pain. She has a diagnosis of cervical spondylosis and myofascial pain. Medications are referenced as allowing her to maximize her level of physical function and improve her quality of life and providing partial pain relief. When seen, she was having increasing neck spasms. Chiropractic treatments had been the most effective and additional treatments were requested. MS Contin, Soma, ibuprofen 800 mg #100, ThermaCare, and Cymbalta were prescribed. The Cymbalta dose was 90 mg per day. In terms of Theramine, this medication is not being requested and was transcribed in error from the RFA. The request was for ThermaCare. Heat therapy is recommended as an option. A number of studies show continuous low-level heat wrap therapy including the ThermaCare Heat Wrap to be effective for treating low back pain. The request that was submitted for ThermaCare is considered medically necessary.