

<b>Case Number:</b>	CM15-0184531		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	05/16/2011
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Arizona, 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:

The injured worker is a 35 year old male, who sustained an industrial injury on 5-16-11. The injured worker has complaints of low back pain, radiating symptoms to the lower extremities as well as his rib pain, upper back pain and carpal tunnel symptoms. The injured worker on 8-11-15 reports that his pain levels continue to go from a 9 out of 10 down to a 4 out of 10 with use of the gabapentin and cymbalta, mostly in his low back and leg symptoms. There is some tenderness to palpation of the left side of his thoracic area about T4 to T6 and the anterior left rib cage area near the sternum, 3rd and 4th ribs and has numbness in his bilateral hands and forearms. The diagnoses have included cervicgia. Treatment to date has included acupuncture in the past had some success it has been over 6 months; gabapentin; cymbalta and omeprazole. The documentation noted that the Psychiatric Qualified Medical Examiner dated 3-18-15 recommended the injured worker stop all narcotic medication for a minimum period of 6 months to 1 year before he is deemed reaching maximum medical improvement and this includes going to the emergency room for pain injection. The injured workers narcotic medications were removed on 7-14-15 visit. Magnetic resonance imaging (MRI) of the cervical spine on 5-21-13 showed normal findings, there may be some bulging disks but they are not impressive. Magnetic resonance imaging (MRI) of the thoracic spine on 6-21-13 showed a central and right paracentral small disk protrusion at mid to upper thoracic level and there are small disk protrusion at T6-T7 and T7-T8. Magnetic resonance imaging (MRI) of the thoracic spine dated 1-19-15 shows a mild posterior bulge at T6-T7 with no masses. Lumbar spine X-rays on 5-21-13 showed a small posterior broad-based disk protrusion at L5-S1 (sacroiliac), otherwise normal

studies. Magnetic resonance imaging (MRI) of the lumbar spine on 1-19-15 showed a small broad-based posterior disk at L5-S1 (sacroiliac). Work status was documented as no lifting, pushing, or pulling greater than 10 to 15 pounds, no bending, stooping or prolonged sitting or standing. The original utilization review (8-21-15) modified the request for cymbalta 60mg #30 with 3 refills to cymbalta 60mg #30 with refills times 1. The request for prilosec 20mg #30 with 3 refills was modified to prilosec 20mg #30 with refills times 1 and the request for acupuncture times 8 for low back was modified to acupuncture times 6 for low back.

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

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

#### **Cymbalta 60 mg #30 with 3 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental chapter and pg 16.

**Decision rationale:** Cymbalta is an SNRI antidepressant. Antidepressants are an option, but there are no specific medications that have been proven in high quality studies to be efficacious for treatment of lumbosacral radiculopathy. SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition. The claimant had been on Cymbalta for several months. There was no mention of Tricyclic failure or major depression to necessitate Cymbalta. The continued use is not supported by any evidence and is not medically necessary.

#### **Prilosec 20 mg #30 with 3 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant was on Prilosec for several months due to GI upset from medications. Altering medications would be more appropriate rather than continuing long-term use of Prilosec. Therefore, the continued use of Prilosec is not medically necessary.

**Acupuncture x 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce functional improvement: 3 to 6 treatments. In this case, the claimant has completed an unknown amount of therapy. Additional acupuncture is an option but not a medical necessity.