

<b>Case Number:</b>	CM15-0194363		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	07/13/2012
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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 53-year-old female who sustained an industrial injury on July 13, 2012. A primary treating office visit date November 26, 2013 reported subjective complaint of with "significant improvement in the symptoms since the last visit." She is walking without assistive devices; taking Norco two tablets every 6 hours for back pains as she is "pleased with her hip." She is requesting returning to part time work 30 hours weekly. The following diagnosis was applied to this visit: right hip joint replacement. Recent primary follow up dated September 09, 2015 reported the following treating diagnoses applied to this visit: sprain of lumbar region, fall due to wet surface, contusion of left knee, sprain of thoracic region, contusion of hip, spinal stenosis, lumbar region without neurogenic claudication, compression fracture, thoracic spine, and intertrochanteric hip fracture. The following were refilled this visit: Norco. Previous and or current treatment to include: activity modification, medications, surgery, exercises and stretching, physical therapy session, TENS unit, bracing. The following made up current medication regimen: Norco, Cymbalta, Celebrex, Flexeril, Flector patches, Docqelace, Phenergan, Nyquil PM, Xanax, Restoril, Voltaren, Prilosec. On September 21, 2015 a request was made for Duloxetine, Celecoxib, and Cymbalta which were noncertified by Utilization Review on September 28, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duloxetine cap 60mg #30 with three (3) refills: Upheld**

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

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

**Decision rationale:** The 53 year old patient presents with sprain of lumbar region, fall due to wet surface, left knee contusion, sprain in thoracic region, hip contusion, spinal stenosis in lumbar region, thoracic spine compression fracture, Intertrochanteric hip fracture, as per progress report dated 09/09/15. The request is for DULOXETINE CAP 60mg #30 WITH THREE (3) REFILLS. There is no RFA for this case, and the patient's date of injury is 07/13/12. Medications, as per progress report dated 09/09/15, included Norco, Duloxetine, Celecoxib, Cyclobenzaprine, Diclofenac patch, Docusate sodium, Phenergan, Xanax, Restoril, Voltaren, Omeprazole, Gas-x and multivitamins. The low back pain is rated at 6/10, and the patient is status post right hip replacement on 01/30/14. The patient is on light duty, as per the same report. Regarding Cymbalta, the MTUS chronic pain guidelines 2009 page16-17 Anti-depressants for Chronic pain section, states, "Duloxetine(Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy... Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks." MTUS page 60 require documentation of pain and function when medications are used for chronic pain. In this case, Cymbalta is first noted in report dated 12/13/12. It is not clear when the medication was initiated. There is no clear indication of neuropathic pain or fibromyalgia for which Cymbalta is recommended. Additionally, none of the reports document current efficacy in terms of its impact on the patient's pain and function, as required by MTUS, page 60, for all pain medications. Hence, the request IS NOT medically necessary.

**Celecoxib cap 200mg #60 with two (2) refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

**Decision rationale:** The 53 year old patient presents with sprain of lumbar region, fall due to wet surface, left knee contusion, sprain in thoracic region, hip contusion, spinal stenosis in lumbar region, thoracic spine compression fracture, Intertrochanteric hip fracture, as per progress report dated 09/09/15. The request is for CELECOXIB CAP 200mg #60 WITH TWO (2) REFILLS. There is no RFA for this case, and the patient's date of injury is 07/13/12. Medications, as per progress report dated 09/09/15, included Norco, Duloxetine, Celecoxib,

Cyclobenzaprine, Diclofenac patch, Docusate sodium, Phenergan, Xanax, Restoril, Voltaren, Omeprazole, Gas-x and multivitamins. The low back pain is rated at 6/10, and the patient is status post right hip replacement on 01/30/14. The patient is on light duty, as per the same report. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 22 Anti-inflammatory medications section states: "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS pg60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, a prescription for Celebrex is first noted in progress report dated 03/06/13. It appears that the patient has been taking the medication consistently at least since then. The treater, however, does not document the impact of the NSAID on pain and function. Given the lack of documentation of efficacy, as required by MTUS page 60, the request IS NOT medically necessary.

### **Cyclobenzaprine tab 10mg #120: 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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

**Decision rationale:** The 53 year old patient presents with sprain of lumbar region, fall due to wet surface, left knee contusion, sprain in thoracic region, hip contusion, spinal stenosis in lumbar region, thoracic spine compression fracture, Intertrochanteric hip fracture, as per progress report dated 09/09/15. The request is for CYCLOBENZAPRINE TAB 10mg #120. There is no RFA for this case, and the patient's date of injury is 07/13/12. Medications, as per progress report dated 09/09/15, included Norco, Duloxetine, Celecoxib, Cyclobenzaprine, Diclofenac patch, Docusate sodium, Phenergan, Xanax, Restoril, Voltaren, Omeprazole, Gas-x and multivitamins. The low back pain is rated at 6/10, and the patient is status post right hip replacement on 01/30/14. The patient is on light duty, as per the same report. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 63-66 and Muscle Relaxants section, state: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation 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. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. MTUS, Chronic Pain Medication Guidelines 2009, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. In this case, a prescription of Cyclobenzaprine is first noted in progress report dated 03/06/13. It appears that the patient is taking the medication consistently at least since then. The treater, however, does not document the efficacy of Cyclobenzaprine in terms of reduction in pain and improvement in function. Additionally, MTUS does not support long-term use of muscle relaxants beyond a 2 to 3 week period. Hence, the request IS NOT medically necessary.