

<b>Case Number:</b>	CM15-0199771		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	05/17/2007
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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 33 year old male, who sustained an industrial-work injury on 5-17-07. A review of the medical records indicates that the injured worker is undergoing treatment for chronic low back pain with history of radicular symptoms, currently without radicular findings. Medical records dated 12-4-14 and 8-20-15 indicate that the injured worker complains of low back and leg pain. The pain is rated on average 2 out of 10 on the pain scale, worst 9 out of 10, aggravated by activity rated 7 out of 10 and frequency of pain is constant and rated 10 out of 10. This has been unchanged. The pain is increased with activities and he reports spasms with trying to work around the house. The injured worker reports that the medications relieve the pain and he denies medication problems. His mood is good. The work status is not noted. There is no specific documentation of increased level of function or improved quality of life. The physical exam dated 8-20-15 reveals a smooth and steady gait, forward flexion in the lumbar spine is painless, and there is tightness as he tries to return. Treatment to date has included pain medication Cymbalta, Mobic, Flexeril (all taken since at least 12-4-14), diagnostics, and home exercise program (HEP). The request for authorization date was 8-20-15 and requested services included Cymbalta 60mg #90 with 4 refills, Mobic 15mg #30 with 4 refills and Flexeril 5mg #90 with 4 refills. The original Utilization review dated 9-15-15 modified the request for Cymbalta 60mg #90 with 4 refills modified to Cymbalta 60mg #90 with 2 refills, modified the request for Mobic 15mg #30 with 4 refills modified to Mobic 15mg #30 with 2 refills and modified the request for Flexeril 5mg #90 with 4 refills modified to Flexeril 5mg #60 to initiate weaning.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60mg #90 with 4 refills:** Upheld

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

**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. Although there was mention of benefit from Cymbalta, there was no mention of failure with Tricyclics. There was no mention of depression for which Cymbalta is indicated. Future need and benefit cannot be predicted. The continued use of Cymbalta with 4 refills is not supported by any evidence and is not medically necessary.

**Mobic 15mg #30 with 4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Future benefit and need cannot be predicted. Continued use of Mobic with 4 refills is not medically necessary.

**Flexeril 5mg #90 with 4 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

**Decision rationale:** According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for a prolonged period along with NSAIDS. Continued and chronic use of Flexeril (Cyclobenzaprine) with 4 refills is not medically necessary.