

<b>Case Number:</b>	CM15-0200346		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	05/11/2006
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 62 year old female who sustained an industrial injury on 05-11-2006. Medical records indicated the worker was treated for pain in the neck and bilateral arms. On 09-21-2015, she complained of aching of her neck and low back as well as numbness in the ulnar region of her bilateral upper extremities. She reports low back aching and has increased pain with prolonged standing, bending, and lifting. Sitting, lying down and medications reduce her pain. She takes Norco (since at least 03-26-2015) twice daily and feels she can walk further and stand longer with the Norco. Her pain relief is rated as a 7 on a scale of 0-10 without pain medications and as a 4 on a scale of 0-10 with medications. On exam, the worker does not appear sedated. Her cervical spine has positive Spurling's sign on the right side. Hoffman's sign is negative bilaterally. She has 4 out of five strength of the right upper extremities and 5- out of five strength of the left upper extremity. There is tenderness over the C5-6 and C6-7 cervical paraspinals right greater than left. Cervical spine range of motion is reduced in all planes. In the lumbar spine, the worker has 5 out of 5 bilateral lower extremity strength. There is no clonus or increased tone. Sciatic notches are pain free to palpation and sacroiliac joints are non-tender. There is = spasms with twitch response at the right L4-5 paraspinal muscles, pain with lumbar flexion and extension, and straight leg raise elicit low back and buttocks pain. She has a well healed incision of the low back. With Norco, she can walk 40 minutes, stand 25 minutes, and without Norco, she can walk 10 minutes and stand 10 minutes. She is able to carry out activities of daily living and some social events with Norco. There were no adverse drug related behaviors. She has a signed opioid agreement and receives medication from providers in one

office. On 09-29-2015, the worker's medications included Norco (since at least 07-2015), Cymbalta, Flexeril (since at least 03-26-2015), Docuprene, Wellbutrin, Protonix, and Albuterol. Treatment has included surgery, medications and epidural steroid injections. The worker has tried and failed Lycra. She is receiving psychotherapy for major depressive disorder, recurrent episode. In the 08-10-2015 notes, she reports that she continues to experience extreme tiredness while taking it. A request for authorization was submitted for Cyclobenzaprine 7.5mg #60, Cymbalta 30mg #60, and Norco 10/325mg #150. A utilization review decision 10-01-2015 Certified the request for Norco 10/325mg #150, and non-certified the requests for Cyclobenzaprine and Cymbalta.

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

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

#### **Cyclobenzaprine 7.5mg #60: Upheld**

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

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

**Decision rationale:** This claimant was injured in 2006 with pain in the neck and bilateral arms. On 09-21-2015, she complained of aching of her neck and low back as well as numbness in the ulnar region of her bilateral upper extremities. The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long-term use is not supported. Also, it is being used with other agents, which also is not medically necessary in the MTUS.

#### **Cymbalta 30mg #60: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Antidepressants.

**Decision rationale:** This claimant was injured in 2006 with pain in the neck and bilateral arms. On 09-21-2015, she complained of aching of her neck and low back as well as numbness in the ulnar region of her bilateral upper extremities. There is no documentation of major depression, or objective functional improvement if the medicine is being used for pain. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or

mainstream peer-reviewed guidelines will be examined. Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder as defined in DSM-IV. If used for pain, it is not clear what objective, functional benefit has been achieved. The request is appropriately not medically necessary.