

Case Number:	CM15-0208016		
Date Assigned:	10/26/2015	Date of Injury:	04/23/1996
Decision Date:	12/08/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/22/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 61 year old female, who sustained an industrial injury on 04-23-1996. The injured worker is currently permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for chronic cervical degenerative disc disease, headache, myalgia and myositis, chronic failed cervical back surgery syndrome, muscle spasms, carpal tunnel syndrome, cervicalgia, chronic pain syndrome, and pain in thoracic spine. Treatment and diagnostics to date has included cervical spine surgeries, physical therapy, acupuncture, cervical epidural steroid injections, facet injections, trigger point injections, and medications. Recent medications have included Advil, Zanaflex, Nucynta, Lidoderm, Celebrex, and Cymbalta (all since at least 07-22-2015). Subjective data (07-28-2015 and 08-27-2015), included back pain rated 8-10 out of 10 without medications and 4-5 out of 10 with medications. The injured worker is able to "do simple chores around the house" and "minimal activities outside the house two days a week" with medications and "able to get out of bed but doesn't get dressed" without medications. Objective findings (08-27-2015) included "moderate" pain with cervical and thoracic spine range of motion. The request for authorization dated 08-27-2015 requested Zanaflex 2mg 1 by mouth every morning and 2 by mouth at bedtime #90 with 4 refills, Nucynta, Lidoderm, Cymbalta 60mg 1 by mouth daily #30 with 4 refills, and Celebrex 200mg take 1 capsule (200mg) by oral route 2 times every day as needed #60 with 4 refills. The Utilization Review with a decision date of 09-18-2015 non-certified the request for Zanaflex 2mg #90 with 4 refills and modified the request for Cymbalta 60mg #30 with 4 refills and Celebrex 200mg #60 with 4 refills to Cymbalta 60mg #30 with 2 refills and Celebrex 200mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg #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): NSAIDs (non-steriodal anti-inflammatory drugs).

Decision rationale: Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to the muscle relaxant to justify use. The medical necessity is not substantiated in the records. The request is not medically necessary.

Cymbalta 60mg #30 with 4 refills: 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 rationale: At issue in this review is the prescription of Cymbalta. Duloxetine or Cymbalta is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Per the guidelines, it is used off-label for neuropathic pain and radiculopathy but there is no high quality evidence reported to support the use of duloxetine for radiculopathy. There is limited documentation of a discussion of efficacy or side effects and given the radiculopathy diagnosis, the records do not support the medical necessity of ongoing use of Cymbalta. The request is not medically necessary.

Celebrex 200mg #60 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

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

Decision rationale: Per the guidelines, in chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to

document any improvement in pain or functional status or a discussion of side effects specifically related to NSAIDS to justify use. The medical necessity is not substantiated in the records. The request is not medically necessary.