

Case Number:	CM15-0026350		
Date Assigned:	02/19/2015	Date of Injury:	01/20/2014
Decision Date:	03/31/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/11/2015

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 42 year old male who sustained an industrial lifting injury to his lower back on January 20, 2014. The injured worker was diagnosed with degenerative lumbosacral, lumbar disc disease, chronic pain syndrome, and sleep and mood disorder. A magnetic resonance imaging (MRI) on February 21, 2014 demonstrated annular tear at L2-3 and broad based right paracentral disc protrusion without impingement. Electromyography (EMG) and Nerve Conduction Studies (NCS) of the lower extremities were documented as within normal limits. No surgical interventions were documented. According to the primary treating physician's progress report on January 9, 2015, the injured worker continues to experience low back pain with radiation bilaterally to the gluteus and posterior aspect of the left thigh. The injured worker is not performing home exercise program regularly. Current medications consist of Celebrex, Cyclobenzaprine, Flector, Senna, Cymbalta and Tramadol. Recent treatment modalities consist of chiropractic therapy, physical therapy, psychological pain counseling and medication. The treating physician requested authorization for Cyclobenzaprine 5 mg #90 with three refills; Celebrex 200 mg #30; Cymbalta 30 mg delayed release #60 with 3 refills. On January 20, 2015 the Utilization Review denied certification for Cyclobenzaprine 5 mg #90 with three refills and Celebrex 200 mg #30. On January 20, 2015 the Utilization Review modified the certification for Cymbalta 30 mg delayed release #60 with 3 refills to Cymbalta 30 mg delayed release #30 with 3 refills. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Capsules Cymbalta 30mg delayed-release 30mg 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 Treatment Guidelines Anti-depressants, Page 15.

Decision rationale: Per MTUS Chronic Treatment Pain Guidelines, selective serotonin reuptake inhibitors (SSRIs) such as Cymbalta (Duloxetine, a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline), are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain; however, more information is needed regarding the role of SSRIs and pain. Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia; Used off-label for neuropathic pain and radiculopathy; and is recommended as a first-line option for diabetic neuropathy; however, no high quality evidence is reported to support the use of duloxetine for musculoskeletal disorders and more studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. Submitted reports have not adequately shown any previous failed trial of TCA or other first-line medications without specific functional improvement from treatment already rendered and certified previously. The 60 Capsules Cymbalta 30mg delayed-release 30mg with 3 refills is not medically necessary and appropriate.

90 tablets of Cyclobenzaprine 5 mg with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16, 63-87.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for long term use. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The 90 tablets of Cyclobenzaprine 5 mg with three refills is not medically necessary and appropriate.

30 capsules of Celebrex 200 mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: 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. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have adequately addressed the indication to continue a NSAID for this acute injury and have they demonstrated functional efficacy derived from treatment already rendered. The 30 capsules of Celebrex 200 mg is medically necessary and appropriate.