

Case Number:	CM15-0223031		
Date Assigned:	11/19/2015	Date of Injury:	09/29/2007
Decision Date:	12/31/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/12/2015

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: 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 68 year old male who sustained an industrial injury on 09-29-2007. Medical records indicated the worker was treated for post laminectomy syndrome, radiculopathy, and foot drop right foot. In the provider notes of 10-16-2015 the injured worker reports increase in low back pain with no change in location of pain or any new injury. He associates the increased back pain with an increased activity level. He rated his pain as a 7.5 on a scale of 10 without medications and as a 2 on a scale of 0-10 with medications. His medications include Cymbalta, Lyrica, Celebrex, Cyclobenzaprine, Aspirin, Atorvastatin, Clopidogrel, Metoprolol, and Omeprazole (all since at least 06-22-2015). He feels his medications are working well without side effects, and no evidence of developing medication dependency was noted. On exam, he is alert and ambulates without assistive device. He sits comfortably on the exam table without difficulty or evidence of pain. There is normal curvature of the thoracic spine with full range of motion. The spinous process and paraspinal muscles are non-tender. There is no increased tone or appreciable trigger point. The lumbar spine shows loss of normal lordosis with straightening of the lumbar spine and scoliosis. He has no spinal process tenderness and lumbar facet loading is negative on both sides. His motor strength in the left foot and ankle is diminished and the gastrocnemius and tibialis muscles appear atrophied on the right. His last urine drug screen 06-23-2015 was positive for pregabalin, ethyl sulfate, ethyl glucuronide, and negative for duloxetine and muscle relaxants. The treatment plan is to continue Cymbalta to address pain and depressed mood, continue Flexeril for muscle spasms, continue Lyrica for right lower extremity radicular pain. Discussion was done about continuing to use right AFO brace to prevent tripping, and consideration of epidural steroid injections or spinal cord stimulation in the

future. A request for authorization was submitted for: 1. 20 Capsules of Celebrex 200mg with 2 refills; 2. 60 capsules of Lyrica 75mg with 2 refills; 3. 30 capsules of Cymbalta 60mg with 2 refills. A utilization review decision 10-28-2015 Modified for certification to approve: 15 capsules of Cymbalta 60mg with 2 refills; 15 capsules of Lyrica 75mg with 2 refills, and non certified: 20 Capsules of Celebrex 200mg with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 Capsules of Celebrex 200mg with 2 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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with an increase in pain level despite the use of Celebrex. Per the MTUS Guidelines, the use of selective COX-2 NSAIDs such as Celebrex is recommended for relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis and ankylosing spondylosis. Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. There is no evidence that first-line NSAIDs are contraindicated in this case. The request for 20 capsules of Celebrex 200mg with 2 refills is determined to not be medically necessary.

30 capsules of Cymbalta 60mg with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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/Duloxetine (Cymbalta) Section.

Decision rationale: MTUS guidelines do not address the use of Cymbalta specifically; therefore, alternative guidelines were consulted. Per the ODG, Cymbalta is recommended as an option in first-line treatment of neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, with effect found to be significant by the end of week 1 (effect measured as a 30% reduction in baseline pain). In this case, it is unclear how long the injured worker has been prescribed Cymbalta. There is no documentation of depression and no objective evidence

of functional improvement with prior use. Additionally, this request for 2 refills does not allow for close follow-up to access for efficacy. The request for 30 capsules of Cymbalta 60mg with 2 refills is determined to not be medically necessary.

60 capsules of Lyrica 75mg with 2 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): Antiepilepsy drugs (AEDs).

Decision rationale: The MTUS Guidelines support the use of Lyrica for the treatment of diabetic neuropathy and postherpetic neuralgia. Antiepileptic drugs are recommended for the treatment of neuropathic pain. The injured worker does appear to have neuropathic pain based on the clinical reports, but he has recently complained of increased pain despite the long term use of Lyrica. Additionally, this request with 2 refills does not allow for close follow-up. The request for 60 capsules of Lyrica 75mg with 2 refills is determined to not be medically necessary.