

<b>Case Number:</b>	CM15-0082767		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	08/10/2012
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 59-year-old male, who sustained an industrial injury on 8/10/12. He reported a neck injury. The injured worker was diagnosed as having cervical discogenic syndrome, lumbar discogenic syndrome, muscle spasm, obesity, reflex sympathetic dystrophy lumbar myelopathy, depression and cervical nerve root injury. Treatment to date has included 8 physical therapy visits, failed treatment with Meloxicam and Voltaren due to side effects, Celebrex, cervical epidural steroid injection, home exercise program and right knee replacement. Currently, the injured worker complains of left leg radicular pain, neck pain, bilateral knee pain and back pain secondary to right knee pain and swelling. He states his neck pain and numbness of hands is getting more severe. The injured worker Celebrex helped pain and he had some benefit from cervical epidural steroid injections. Physical exam noted bilateral leg pain, back pain, neck pain radiating to right ear and shoulder pain, right knee swelling, low back muscle spasm and pain. The treatment plan included prescriptions for Prilosec, Celebrex, Lyrica, Cymbalta, Oxycodone and Brintellix along with discontinuation of Voltaren and meloxicam, surgical consult, (MRI) magnetic resonance imaging of neck, cervical epidural steroid injections, pool therapy and a follow up appointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Celebrex 200mg #90 with 3 refills for DOS 3/3/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Celebrex.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 ? 9792.26 Page(s): 67-72 of 127.

**Decision rationale:** Regarding the request for Celebrex, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Celebrex is recommended for patients at intermediate to high risk for gastrointestinal events with no cardiovascular disease. Within the documentation available for review, there is no indication that Celebrex is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Additionally, there is no documentation that the patient is at intermediate to high risk for gastrointestinal events with no cardiovascular disease. In the absence of such documentation, the currently requested Celebrex is not medically necessary.

**Retrospective Cymbalta 20mg #90 with 5 refills for DOS 3/3/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15-16.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 395-396, 402, Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 13-16, 50, 61, 159.

**Decision rationale:** Regarding the request for duloxetine (Cymbalta), guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, there is no identification that the Cymbalta provides any specific analgesic effect (in terms of reduced numeric rating scale or percent reduction in pain), or provides any objective functional improvement, reduction in opiate medication use, or improvement in psychological well-being. Additionally, if the Cymbalta is being prescribed to treat depression, there is no evidence of any recent mental status examinations to confirm a diagnosis of depression is still present, just a statement saying it is under control. Antidepressants should not be abruptly discontinued, but fortunately, the last reviewer modified the current request to allow tapering. In the absence of clarity regarding those issues, the currently requested duloxetine (Cymbalta) is not medically necessary.

**Retrospective Brintellix 5 mg #30 with 5 refills for DOS 3/3/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 395-396, 402, Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 107 of 127.

**Decision rationale:** Regarding the request for Brintellix, Chronic Pain Medical Treatment Guidelines state that selective serotonin reuptake inhibitors may have a role in treating secondary depression. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, there is no evidence of any recent mental status examinations to confirm a diagnosis of depression is still present, just a statement saying it is under control. In the absence of clarity regarding those issues, the currently requested Brintellix is not medically necessary.