

<b>Case Number:</b>	CM14-0178122		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	07/16/2012
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 33 year old male patient who sustained a work related injury on 7/16/12. The patient sustained the injury when he was moving boxes. The current diagnoses include lumbar disc disorder, lumbar facet syndrome and lumbar radiculopathy. Per the doctor's note dated 10/9/14, patient has complaints of lower back with radiation into both legs at 5/10 with and 8/10 without medication and abnormal gait, back pain, muscle spasms, numbness, tingling and weakness. He had depression and anxiety and had been treated by a psychologist. He had been totally disabled for 1 year. Physical examination revealed normal gait, tenderness on palpation, limited ROM, 5/5 strength and normal sensory and motor examination and negative bilateral straight leg raise. The current medication lists include Cymbalta, Amitiza, Cyclobenzaprine, Oxycodone, Omeprazole, Neurontin and Oxycontin. The patient has had a MRI of the lumbar spine that revealed S1 disc herniation with S1 nerve impingement and X-ray of the low back that revealed mild L5-S1 narrowing. He received 3 epidural steroid injections for this injury with only brief relief. He has had a urine drug toxicology report that was positive for opiates. The patient has received 3 acupuncture sessions for this injury. The patient has received 12-18 PT visits, and chiropractic treatment for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** Cyclobenzaprine is recommended for a short course of treatment for back pain. The patient has chronic low back pain and has muscle spasms on examination. The MRI shows evidence of nerve impingement. He has had 3 epidural steroid injections. He is taking Neurontin and opioids but he is still having pain. The use of muscle relaxants is recommended as a second line option in this patient with significant symptoms and objective findings. The cyclobenzaprine is deemed medically appropriate and necessary in this patient.

**Cymbalta 30mg:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs): Duloxetine (Cymbalta): FD. Decision based on Non-MTUS Citation Thompson Micromedex FDA labeled indication for Cymbalta

**Decision rationale:** The diagnoses include chronic severe right low back pain secondary to lumbar degenerative disc disease and facet arthropathy, lumbar radicular pain, chronic right ankle and foot pain, depression, and anxiety. Per the doctor's note dated 10/9/14, patient has complaints of lower back with radiation into both legs at 5/10 with and 8/10 without medication and abnormal gait, back pain, muscle spasms, numbness, tingling and weakness. He had depression and anxiety and had been treated by a psychologist. He had been totally disabled for 1 year. Physical examination revealed tenderness on palpation and limited ROM. The patient has had an MRI of the lumbar spine that revealed S1 disc herniation with S1 nerve impingement and X-ray of the low back that revealed mild L5-S1 narrowing. He received 3 epidural steroid injections for this injury with only brief relief. The patient has documented objective evidence of chronic myofascial pain along with evidence of a nerve related / neuropathic component of the pain as well as depression and anxiety. Cymbalta is deemed medically appropriate and necessary in such a patient. Therefore, the Cymbalta 30mg is medically necessary for this patient at this time.

**Omeprazole 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events.. Patients at high risk for gastrointestinal events...Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDS when- " (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)."There is no evidence in the records provided that the patient has GI symptoms with the use of NSAIDs. Any current use of NSAIDS is not specified in the records provided. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. The medical necessity of the request for Omeprazole 20mg is not fully established in this patient.