

<b>Case Number:</b>	CM14-0101114		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	02/07/2001
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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. 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 45-year-old male, with a reported date of injury of 02/07/2001. The diagnoses include chronic pain syndrome, lumbar postlaminectomy syndrome, and chronic lumbar radiculitis. Treatments to date have included oral medications, an MRI of the lumbar spine, and topical pain medication. The progress report dated 06/05/2014 indicates that the injured worker complained of low back pain with radiation down the left leg and foot, and down the right leg to the knee. The objective findings include muscle spasm, numbness and tingling, limited movement, less spasms in the lower lumbar paraspinal muscles, discomfort with range of motion, and decreased sensation to touch in the left calf into the foot. The treating physician requested Cymbalta for numbness, Pamelor to help treat chronic pain and trouble sleeping, and Zanaflex for muscle spasm. It was noted that the injured worker stated that the medications allow him to work full-time. The patient has had FCE on 3/26/13 that revealed patient was able to work at medium PDL. The medication list include Pamelor, Zanaflex, Cymbalta, Norco and Colace. The patient's surgical history include lumbar postlaminectomy and fusion in 2/22/2003. The patient has had MRI of the lumbar spine on 12/3/2012 that revealed disc bulge with foraminal narrowing and facet hypertrophy at L1 to S1. The patient has had X-ray of the low back that revealed spondylosis and disc space narrowing. The patient has had urine drug screen test on 8/28/13 that was consistent for Norco. Patient has received an unspecified number of PT and acupuncture visits for this injury. Per the doctor's note dated 1/19/15 patient had complaints of low back pain that was radiating to left foot and right knee at 5-8/10 with numbness, tingling,

muscle spasm and limited range of motion. Physical examination of the low back revealed limited range of motion, muscle spasm and decreased sensation in left calf and foot.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cymbalta 30mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain.

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

**Decision rationale:** Request: Cymbalta 30mg #60. Cymbalta contains Duloxetine Hydrochloride. As per cited guideline: "Duloxetine (Cymbalta ): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy." According to the Thompson Micromedex FDA labeled indication for Cymbalta includes: Diabetic peripheral neuropathy, pain; Fibromyalgia; Generalized anxiety disorder; Major depressive disorder; Musculoskeletal pain, chronic. The diagnoses include chronic pain syndrome, lumbar postlaminectomy syndrome, and chronic lumbar radiculitis. The progress report dated 06/05/2014 indicates that the injured worker complained of low back pain with radiation down the left leg and foot and down the right leg to the knee. The objective findings include muscle spasm, numbness and tingling, limited movement, less spasms in the lower lumbar paraspinal muscles, discomfort with range of motion and decreased sensation to touch in the left calf into the foot. The patient's surgical history includes lumbar postlaminectomy and fusion in 2/22/2003. The patient has had MRI of the lumbar spine on 12/3/2012 that revealed disc bulge with foraminal narrowing and facet hypertrophy at L1 to S1. The patient has had X-ray of the low back that revealed spondylosis and disc space narrowing. Per the doctor's note dated 1/19/15 patient had complaints of low back pain that was radiating to left foot and right knee at 5-8/10 with numbness, tingling, muscle spasm and limited range of motion. Physical examination of the low back revealed limited range of motion, muscle spasm and decreased sensation in left calf and foot. The patient has documented objective evidence of chronic myofascial pain along with evidence of a nerve related / neuropathic component of the pain. Cymbalta is deemed medically appropriate and necessary in such a patient. Therefore, the Cymbalta 30mg #60 is medically necessary for this patient at this time.

**Pamelor 50mg #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

**Decision rationale:** Pamelor 50mg #30. Nortriptyline is a tricyclic antidepressant. According to the CA MTUS chronic pain guidelines antidepressant are "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." The diagnoses include chronic pain syndrome, lumbar postlaminectomy syndrome and chronic lumbar radiculitis. The progress report dated 06/05/2014 indicates that the injured worker complained of low back pain with radiation down the left leg and foot and down the right leg to the knee. The objective findings include muscle spasm, numbness and tingling, limited movement, less spasms in the lower lumbar paraspinal muscles, discomfort with range of motion and decreased sensation to touch in the left calf into the foot. The patient's surgical history includes lumbar postlaminectomy and fusion in 2/22/2003. The patient has had MRI of the lumbar spine on 12/3/2012 that revealed disc bulge with foraminal narrowing and facet hypertrophy at L1 to S1. The patient has had X-ray of the low back that revealed spondylosis and disc space narrowing. Per the doctor's note dated 1/19/15 patient had complaints of low back pain that was radiating to left foot and right knee at 5-8/10 with numbness, tingling, muscle spasm and limited range of motion. Physical examination of the low back revealed limited range of motion, muscle spasm and decreased sensation in left calf and foot. Tricyclic antidepressant is recommended as a first line option for neuropathic pain. The request Pamelor 50mg #30 is medically necessary and appropriate for this patient.

**Zanaflex 4mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs: Tizanidine (Zanaflex) Page(s): 66.

**Decision rationale:** Zanaflex 4mg #30. According to MTUS guidelines "Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. May also provide benefit as an adjunct treatment for fibromyalgia." The diagnoses include chronic pain syndrome, lumbar postlaminectomy syndrome, and chronic lumbar radiculitis. The progress report dated 06/05/2014 indicates that the injured worker complained of low back pain with radiation down the left leg and foot, and down the right leg to the knee. The objective findings include muscle spasm, numbness and tingling, limited movement, less spasms in the lower lumbar paraspinal muscles, discomfort with range of motion, and decreased sensation to touch in the left calf into the foot. The patient's surgical history includes lumbar postlaminectomy and fusion in 2/22/2003. The patient has had MRI of the lumbar spine on 12/3/2012 that revealed disc bulge with foraminal narrowing and facet

hypertrophy at L1 to S1. The patient has had X-ray of the low back that revealed spondylosis and disc space narrowing. Per the doctor's note dated 1/19/15 patient had complaints of low back pain that was radiating to left foot and right knee at 5-8/10 with numbness, tingling, muscle spasm and limited range of motion. Physical examination of the low back revealed limited range of motion, muscle spasm and decreased sensation in the left calf and foot. There is evidence of muscle spasm and other significant abnormal objective findings. The patient's condition is prone to exacerbations. The quantity of tizanidine/ zanaflex tablets requested (30) is small. The prescription of small quantity of a non-sedating muscle relaxant like tizanidine for prn use during exacerbations is medically appropriate and necessary. The request for Zanaflex 4mg #30 is medically appropriate and necessary in this patient at this time.