

<b>Case Number:</b>	CM14-0213602		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	03/01/2004
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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: North Carolina, New York, Missouri  
 Certification(s)/Specialty: Internal Medicine, Nephrology

### 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 34-year-old male with a 3/1/2004 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 10/13/14 noted subjective complaints of 9/10 low back pain. Objective findings included decreased lumbar ROM. The patient is neurologically grossly intact. It notes that the patient will be started on Cymbalta to see if this helps with his chronic back pain. Diagnostic Impression: Lumbar spine pain, degenerative disc disease Treatment to Date: medication management, physical therapy A UR decision dated 12/3/14 denied the request for Soma 350 mg #90 x 1 refill. Documentation indicates that the patient has been taking Soma for the past 2 years. Soma is not recommended for long term use. Muscle spasms are not noted in the documentation that was reviewed. It also modified Ibuprofen 800 mg #90 with 1 refill to 1 prescription of Ibuprofen 800 mg #90. The amount of pain that the patient is in at a 9/10 indicates that significant pain is present. The refill is not necessary at this time as the medication should be closely monitored. It also denied Norco 10/325 mg #120 with 1 refill. The short term effectiveness has long passed as the patient has been on opioids since 2012. It also modified Cymbalta 60 mg #30 with 1 refill to 1 prescription of Cymbalta 60 mg #30. Cymbalta is warranted at this time for this patient. The provider indicates that Cymbalta is being started as the other medications did not provide enough pain relief. The refill is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #90 x 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, given a 2004 original date of injury, it is unclear how long the patient has been taking Soma. Guidelines do not recommend the chronic use of muscle relaxants especially in the absence of clear documentation of objective functional benefit derived from its use. Additionally, there is no documentation of acute interval injury or muscle spasm/exacerbation that would warrant the continued use of muscle relaxants. Therefore, the request for Soma 350 mg #90 x 1 refill is not medically necessary.

**Ibuprofen 800mg #90 x 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS.

**Decision rationale:** CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. However, given a 2004 original date of injury, it is unclear how long the patient has been taking Ibuprofen. Guidelines do not recommend the chronic use of NSAIDS, especially in the absence of clear documentation of objective functional benefit derived from its use. Additionally, there is no documentation of acute interval injury that would warrant the continued use of NSAIDS. Therefore, the request for Ibuprofen 800 mg #90 x 1 refill is not medically necessary.

**Norco 10/325mg #120 x 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2004 date of injury, the duration of opiate use to date is not clear. In addition, there is no discussion regarding endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325 mg #120 x 1 refill is not medically necessary.

**Cymbalta 60mg #30 x 1 refill:** Upheld

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

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

**Decision rationale:** CA MTUS states that Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is used off-label for neuropathic pain and radiculopathy, and is recommended as a first-line option for diabetic neuropathy. However, the provider notes indicate that Cymbalta is being initiated to see if it helps with the patient's chronic lower back pain. There is no evidence to indicate that this chronic pain is of neuropathic origin. Additionally, there is no diagnosis of depression or anxiety. Therefore, the request for Cymbalta 60 mg #30 x 1 refill is not medically necessary.