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| <b>Case Number:</b>   | CM15-0174385 |                              |            |
| <b>Date Assigned:</b> | 09/16/2015   | <b>Date of Injury:</b>       | 08/25/2010 |
| <b>Decision Date:</b> | 10/20/2015   | <b>UR Denial Date:</b>       | 08/21/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/04/2015 |

### 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: Emergency 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 38-year-old male who sustained an industrial injury on 08-25-2010. Physician impression includes possible lumbar discogenic pain, possible bilateral lumbar facet pain, possible lumbar sprain-strain, constant bilateral lumbosacral radicular pain, cervical sprain-strain most likely referred pain from the lumbar spine, headaches most likely stress induced, IBS and GERD, and stress syndrome. Report dated 07-22-2015 noted that the injured worker presented with complaints that included constant low back pain with radiation to the lower extremities associated with tingling, numbness, weakness, cramps, and burning prior to the epidural injection, bilateral groin pain, muscle spasms in the low back, headaches. Physical examination performed on 07-22-2015 revealed a slow gait with a right side limp with guarding, tenderness in the lower back extending from L2 to the coccyx, bilateral lumbar facet tenderness, mild bilateral sacroiliac and sciatic notch tenderness, thoracic and lumbar spine movements are painful, straight leg raise and Lasègue's tests are positive, tenderness in the right and left groin, decreased sensation in the L5-S1 nerve root, and lower extremity motor weakness. Previous diagnostic studies included MRI's, EMGs, and urine drug screenings. Previous treatments included medications, surgical interventions, injections, psychiatric treatment and evaluation, physical therapy, and acupuncture. The treatment plan included requests for a lumbar epidural block with bilateral L5 transforaminal block, and medications which included Celebrex, Flexeril, Ultram, Cymbalta, and Movantik, discontinued Norco since the patient improved following the epidural, refilled Ultracin lotion, recommended home exercises, and re-evaluation in 6 weeks. Request for authorization dated 07-22-2015, included requests for Flexeril, Ultram, Norco,

Cymbalta, Ultracin topical cream, Movantik, lumbar epidural block, and re-evaluation in 4 weeks. The utilization review dated 08-21-2015, non-certified the request for Flexeril, Cymbalta, and Norco.

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

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

**Flexeril 7.5mg #30:** 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): Cyclobenzaprine (Flexeril).

**Decision rationale:** Flexeril is cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbation. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication for at least 1-month. The number of tablets is not consistent with short-term use. Cyclobenzaprine is not medically necessary.

**Cymbalta 60mg:** 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): Antidepressants for chronic pain.

**Decision rationale:** Cymbalta/Duloxetine is a type of SNRI anti-depressant medication. As per MTUS Chronic pain guidelines, anti-depressants may be considered for neuropathic pain. However, guidelines state there is no good evidence to support use of antidepressants in low back pain except for TCAs and there is no evidence to support use of Antidepressants in lumbosacral radicular pain. Cymbalta is not medically necessary.

**Norco 2.5-325mg #60:** 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): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, long-term assessment.

**Decision rationale:** Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. There is only minimal improvement in pain and function noted. Opioids are only recommended for patients with moderate or severe pain. Patient recently received lumbar injections that reported improved pain by 50% which should be 3-4/10, which does not qualify as moderate-severe pain. It is not clear why provider has not attempted to wean the patient from opioids after claims of successful injection. Norco is not medically necessary.