

<b>Case Number:</b>	CM15-0179809		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	09/26/2013
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 43 year old male, who sustained an industrial injury on 9-26-2013. The medical records indicate that the injured worker is undergoing treatment for left knee pain; status post-surgery (7-7-2015). According to the progress report dated 8-4-2015, the injured worker presented with complaints of intermittent to-constant left knee pain. The pain is described as sharp, burning, throbbing, and pins and needles. On a subjective pain scale, he rates his pain 3-4 out of 10. The physical examination of the left knee revealed no significant findings. Currently, he is on no medication. He was on Norco and Cymbalta, but this had not been authorized. Per notes, his wife expresses concern that the Cymbalta was stopped suddenly, so that she noticed mood changes. Previous diagnostic testing includes MRI studies. Treatments to date include medication management, physical therapy, and surgical intervention. Work status is described as off work. The original utilization review (8-19-2015) partially approved a request for Celebrex #30 with 2 refills (original request was for #30 with 5 refills). The request for Cymbalta was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60mg quantity 30 with five refills: 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 60mg quantity 30 with five refills is not medically necessary per the MTUS Guidelines. The MTUS states that Cymbalta is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia and used off-label for neuropathic pain and radiculopathy. The MTUS recommends after initiation of use of antidepressants for chronic pain that there is an 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. The request is not medically necessary as written as 5 refills of this medication would not be appropriate without evidence of efficacy.

**Celebrex 200mg quantity 30 with five refills:** 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): Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

**Decision rationale:** Celebrex 200mg quantity 30 with five refills is not medically necessary per the MTUS Guidelines. The MTUS states that Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. The recommended dose of Celebrex is 200 mg a day (single dose or 100 mg twice a day). The guidelines state that NSAIDs are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The request for 5 refills of this medication as the MTUS does not support long term use of NSAIDs and it is unclear if this medication will be efficacious for the patient in terms of causing functional improvement or analgesia. The request for Celebrex with 5 refills is not medically necessary.