

<b>Case Number:</b>	CM13-0051965		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/12/2009
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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:

The injured worker is a 43-year-old female who reported an injury on 06/02/2009. The mechanism of injury was repetitive scanning as a cashier. The progress report dated 10/24/2013 indicated the injured worker had complaints of left shoulder pain and spasm with use. The injured worker had complaints of bilateral hand numbness. The injured worker had complaints of cervical spine pain, intermittent. Medications included Flexeril, tramadol, Cymbalta 60 mg daily. Upon examination, the injured worker was noted to have a symmetrical gait. Grip strength to the right hand was 18/18/18 and grip strength to the left hand was 6/6/10. The diagnoses provided were sprain/strain of the neck, sprain/strain of the thoracic region, brachial neuritis/radiculitis, and superior glenoid labrum.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYMBALTA 60 MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Selective Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs) Page(s): 15.

**Decision rationale:** The California MTUS Guidelines state that Cymbalta is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is used off label for neuropathic pain and radiculopathy. It is recommended as a first line option for diabetic neuropathy. There is no high quality evidence reported to support the use of Cymbalta for lumbar radiculopathy. The records submitted for review failed to include documentation of the duration the injured worker has been utilizing Cymbalta. The records submitted for review failed to include documentation of the injured workers response to Cymbalta. The request submitted for review failed to include the frequency and quantity as it was submitted, and therefore, necessity cannot be determined. Therefore, the request is non-certified.

**FLEXERIL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS Guidelines state that Flexeril is recommended as an option, using a short course of therapy. Flexeril is more effective than placebo in management of back pain; the effect is modest and comes at a price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The records submitted for review failed to include documentation of the duration the injured workers has been utilizing Flexeril. The records submitted for review failed to include documentation of the injured worker's response to Flexeril. Furthermore, the request as submitted failed to include the dose, frequency, and quantity in the request as it was submitted and therefore, necessity cannot be determined. Therefore, the request is non-certified.

**TRAMADOL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines state 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain programs on opioids. They include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The monitoring of these outcomes over time should effect therapeutic decision and provide a framework of documentation of the clinical use of these controlled drugs. The records submitted for review failed to include documentation that the injured worker's current pain level, the least reported pain level, the average pain level, the intensity or pain after tramadol, how long it takes

for pain relief, and how long the pain relief lasts. Furthermore, the records submitted for review failed to include documentation of the occurrence or nonoccurrence of side effects, objective functional improvement. In addition, the records submitted for review failed to include the duration the injured worker has been utilizing tramadol. The records submitted for review failed to include the injured worker's response to tramadol. Furthermore, the request as submitted failed to include dose, frequency, and quantity as it was submitted, and therefore, necessity cannot be determined. Therefore, the request is non-certified.