

<b>Case Number:</b>	CM14-0004238		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	01/17/2002
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 69 year old female with a reported injury on 01/17/2002. The mechanism of injury was not provided within the clinical documentation. The clinical note dated 01/14/2014 reported that the injured worker complained of ongoing pain in her neck, as well as associated cervicogenic headaches and pain radiating into the trapezius muscle. The physical examination of the injured worker's lumbar spine revealed pain per palpation and decreased range of motion. The physical examination of the injured worker's cervical spine revealed tenderness to palpation along the cervical musculature bilaterally. It was also reported the injured worker's cervical spine had decreased range of motion with mild muscle rigidity. The injured worker's prescribed medication list included Norco, Cymbalta, trazodone, Valium, Ambien, Synovacin, Protonix, Dendracin topical analgesic cream and tamoxifen. The injured worker's diagnoses included lumbar spine sprain/strain syndrome; cervical facet arthropathy, responding well to the previous radiofrequency; status post anterior cervical discectomy and fusion (ACDF) C4-5, C5-6, and C6-7 on 02/09/2010; right upper extremity radiculopathy; thoracic spine sprain syndrome; lumbar spine sprain syndrome; neurogenic claudication; and medication induced gastritis. The provider requested Cymbalta, trazodone, and Synovacin. The rationales were not provided within clinical notes. The Request for Authorization was submitted on 01/10/2014. The injured worker's prior treatments were not included in clinical documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYMBALTA 60MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, Duloxetine (Cymbalta) is recommended as an option in first-line treatment option in neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). There was a lack of clinical information provided documenting the efficacy of Cymbalta as evidenced by decreased neuropathic pain and significant objective functional improvements. Furthermore, the requesting provider did not specify the utilization frequency or quantity of the medication. As such, the request is not medically necessary and appropriate.

**TRAZODONE 300MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness & Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin reuptake inhibitors (SSRIs) Page(s): 16.

**Decision rationale:** The MTUS Chronic Pain Guidelines recognize selective serotonin reuptake inhibitors (SSRIs), as a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. Trazodone is categorized as a selective serotonin reuptake inhibitor (SSRI). There is a lack of clinical information provided documenting the efficacy of trazodone as evidenced by decreased depression and significant objective functional improvements. Furthermore, the requesting provider did not specify the utilization frequency or quantity of the medication being requested. As such, the request is not medically necessary and appropriate.

**SYNOVACIN 500MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend Glucosamine (and Chondroitin Sulfate) as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. There is a lack of clinical documentation indicating the efficacy of Synovacin as evidenced by decreased arthritic pain and significant objective functional improvements. Furthermore, the requesting provider did not specify the utilization

frequency or quantity of the medication being requested. As such, the request is not medically necessary and appropriate.