

<b>Case Number:</b>	CM14-0006260		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	04/29/2008
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 30-year-old female who reported an injury on 04/29/2008, the mechanism of injury was not provided. The clinical note dated 12/19/2013 indicated the injured worker presented with right foot and leg pain. The injured worker stated that the pain was worse with standing, walking, bending, and lifting. The pain was described as a constant aching and numbness in the right leg and foot. The injured worker's physical examination revealed right foot and lower extremity hypoesthesia mainly to the lateral aspect of the right foot with allodynia. The injured worker was diagnosed with foot pain, complex regional pain syndrome (CRPS), numbness, right ankle pain, right limb pain, insomnia, and depression and anxiety. The provider recommended Neurontin 300mg with a quantity of 160 with 1 refill, Cymbalta 60mg with a quantity of 30 with 1 refill, Cymbalta 30mg with a quantity of 30 with 1 refill, and Xanax 0.5mg with a quantity of 60, Lexapro 20mg with a quantity of 30 with 2 refills. The Request for Authorization form is dated 12/26/2013. The provider's rationale for the requests was not provided within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE (1) PRESCRIPTION OF NEURONTIN 300MG, #180 WITH ONE (1) REFILL:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Antiepilepsy Drugs Page(s): 17.

**Decision rationale:** The California MTUS Guidelines state that Neurontin has been documented to be effective in treatment of diabetic neuropathy and post-herpetic neuralgia. Pain relief with the use of this medication is generally temporary, and measures of the lasting benefit from this modality should include evaluating effective pain relief in relationship to improvement in function and increased activity. The included medical documents lack evidence of muscle weakness or numbness, as well as other symptomatology indicative of neuropathy. It did not appear that the injured worker had diagnoses which would be congruent with the guideline recommendations. The documentation lacks evidence of the efficacy of the medication to support continued use of the medication. It was unclear if the injured worker has significant objective functional improvement with the medication. Additionally, the frequency of the medication was not provided within the request. Therefore, the request is non-certified.

**ONE (1) PRESCRIPTION OF CYMBALTA 60MG, #30 WITH ONE (1) REFILL:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend Cymbalta as an option in first line treatment for neuropathic pain. The 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. There is a lack of evidence of an objective assessment of the injured worker's pain level. Furthermore, there is a lack of documented evidence of the efficacy of the medication. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the frequency of the medication was not provided in the request as submitted. Therefore, the request is non-certified.

**ONE (1) PRESCRIPTION OF CYMBALTA 30MG, #30 WITH ONE (1) REFILL:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend Cymbalta as an option in first line treatment for neuropathic pain. The 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. There is a lack of

evidence of an objective assessment of the injured worker's pain level. Furthermore, there is a lack of documented evidence of the efficacy of the medication. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the frequency of the medication was not provided in the request as submitted. Therefore, the request is non-certified.

**ONE (1) PRESCRIPTION OF XANAX 0.5MG, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINE. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The California MTUS Guidelines do not recommend the use of benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The injured worker has been prescribed Xanax since at least 12/19/2013; this exceeds the guideline recommendations for short term therapy. There was a lack of documentation indicating the efficacy of the medication to support continued use. There was a lack of documented significant objective functional improvement. The provider's rationale was not provided in the medical documents for review. Additionally, the frequency was not provided in the request as submitted. Therefore, based on the documents provided, the request is non-certified.

**LEXAPRO 20MG, #30 WITH TWO (2) REFILLS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

**Decision rationale:** The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of analgesic medication, and sleep quality and duration. The side effects including excessive sedation, especially that which would affect work performance should be assessed. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least four weeks. The optimal duration of treatment is not known because most double blind trials have been of short duration between 6 to 12 weeks. There is a lack of evidence of an objective assessment of the injured worker's pain level. The documentation provided lacks evidence the efficacy of the medication. The frequency was also not provided in the request as submitted. Therefore, the request is non-certified.