

<b>Case Number:</b>	CM14-0152548		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	08/20/2004
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 Internal Medicine, has a subspecialty in Nephrology 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 patient is a 58-year-old female who has submitted a claim for ulnar neuritis associated with an industrial injury date of 08/20/2004. Medical records from 03/10/2014 to 08/15/2014 were reviewed and showed that patient complained of hypersensitivity along medial aspect of left elbow. Physical examination revealed hypersensitivity over the medial aspect of left elbow, full elbow ROM, and positive Tinel's test. There was no discussion of concurrent anxiety, depression, diabetic neuropathy, fibromyalgia, CRPS, herpes zoster and post-herpetic neuralgia, and frostbite. Treatment to date has included left cubital tunnel release (10/25/2011), physical therapy, Ultram, Cymbalta 30mg #30 (DOS: 08/15/2014), left ulnar nerve scar neuroma injection (DOS: 08/15/2014), and rest. Utilization review dated 08/15/2014 modified the request for Cymbalta 30mg #30 to Cymbalta 30mg #20 for the purpose of weaning. Utilization review dated 08/15/2014 certified the request for left ulnar nerve scar neuroma injection because medical management was necessary for this case. Utilization review dated 08/15/2014 denied the request for stellate ganglion block because results of left ulnar nerve scar neuroma injection was awaited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 30mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants for Chronic Pain/Neuropathic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 15-16.

**Decision rationale:** As stated on pages 15-16 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia; is used off-label for neuropathic pain and radiculopathy; recommended as a first-line option for diabetic neuropathy; and has no high quality evidence to support use for lumbar radiculopathy. In this case, the patient was prescribed Cymbalta 30mg #30 since 08/15/2014. However, there was no discussion of anxiety, depression, diabetic neuropathy, and fibromyalgia to support Cymbalta use. There is no clear indication for duloxetine use at this time. Therefore, the request for Cymbalta 30mg #30 is not medically necessary.

**Ultrasound Guided Left Ulnar Nerve Neuroma:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clin J Pain. 2012 Sep;28(7):639-45. doi: 10.1097/AJP.ob013e31823d30a2.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Ultrasound-guided Interdigital Neuroma Injections: Short-term Clinical Outcomes after a Single Percutaneous Injection--Preliminary Result,; HSS J. Feb 2007; 3(1): 44-49. (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2504098/>)

**Decision rationale:** CA MTUS and ODG does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, an online journal search was used instead. It states that good to excellent initial pain relief were documented after one ultrasound-guided injection for treatment of interdigital neuromas, with 62% of symptomatic patients asymptomatic 7 days after a single injection. In this case, the patient complained of hypersensitivity of medial aspect of elbow. Recent study reveals that symptomatic patients become asymptomatic after 7 days with a single injection. Ultrasound guided injection for neuroma is a reasonable option in this case. However, the request failed to specify the type of procedure to be done. Moreover, utilization review from 08/15/2014 certified this request already. Of note, the requested procedure was already accomplished on 08/15/2014. Therefore, the request for Ultrasound Guided Left Ulnar Nerve Neuroma is not medically necessary.

**Stellate Ganglion Block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Sympathetic and Epidural Blocks for CRPS.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block), page 103-104

**Decision rationale:** As stated on pages 103-104 of CA MTUS Chronic Pain Medical Treatment Guidelines, there is limited evidence to support stellate ganglion block (SGB), with most studies reported being case studies. This block is proposed for the diagnosis and treatment of sympathetic pain involving the face, head, neck, and upper extremities. Proposed indications for pain include: CRPS; herpes zoster and post-herpetic neuralgia; and frostbite. In this case, the patient complained of left elbow hypersensitivity. However, there was no discussion of existing CRPS, herpes zoster, post-herpetic neuralgia, and frostbite to support stellate ganglion block. Furthermore, the guidelines state that there is limited evidence to support stellate ganglion block. Therefore, the request for stellate ganglion block is not medically necessary.