

<b>Case Number:</b>	CM14-0174894		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	06/02/2009
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 Family Medicine 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:

This is a 58 year old male patient who sustained a work related injury on 6/2/2009. Patient sustained the injury due to tripping over a hose when his foot got stuck under a platform. The current diagnoses include chronic severe right low back pain secondary to lumbar degenerative disc disease and facet arthropathy, lumbar radicular pain, chronic right ankle and foot pain, depression, and anxiety. Per the note dated 8/29/14 patient has complaints of right low back pain at 4-7/10 down to the right hip and thigh, significantly improved with the last injection and no difference in his mood and pain. Physical examination revealed no acute distress, antalgic gait, mild tenderness, mild muscle weakness, hypersensitive to pinprick in the right lateral ankle around scar area, lumbar range of motion improved and Patrick's and straight leg raise was negative in the lower extremity bilaterally. The medication lists include Tramadol, Norco, Vicodin, Neurontin and Cymbalta. The patient has had abnormal liver function. The patient has had an MRI of the lumbar spine on June 25, 2013 that revealed multilevel lumbar facet arthropathy from L3-4, L4-5 and L5-S1, L-4 diffuse disc bulge with disc protrusion, mildly impinging on the emerging ten L4 nerve root and mild right and left lateral recess narrowing; MRI of the Right Ankle on 12/19/12, that revealed cylindrical defect posterior calcaneus from previously-placed orthopaedic screw and minimal fluid flexor hallucis longus tendon sheath at the posterior margin of the tibiotalar joint. The patient's surgical histories include ankle/foot surgery, epidural steroid injections, facet injections, and a radio frequency neurotomy. The past medical history includes sliver dysfunction secondary to hepatitis C and he had MVA on 10/30/13. The patient has received an unspecified number of the PT, chiropractic therapy, psychotherapy visits for this injury. The patient has used a cane for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg bid or tid #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-79.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Central acting analgesics Opioids for neuropathic pain Page(s): 75; 82.

**Decision rationale:** Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. Patient is having chronic pain and is taking Tramadol for this injury . Response to Tramadol in terms of functional improvement is not specified in the records provided. The level of the pain with and without medications is not specified in the records provided.. Short term or prn use of Tramadol for acute exacerbations would be considered reasonable appropriate and necessary. However, any evidence of episodic exacerbations of severe pain was not specified in the records provided. The need for Tramadol on a daily basis with lack of documented improvement in function is not fully established This request for Tramadol 50mg bid or tid #90 is not fully established for this injury.

**Neurontin 100mg qhs no reill: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

**Decision rationale:** According to the CA MTUS Chronic pain guidelines regarding Neurontin/gabapentin, "has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain.... Spinal cord injury: Recommended as a trial for chronic neuropathic pain..... Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit... This medication appears to be effective in reducing abnormal hypersensitivity (allodynia and hyperalgesia), to have anti-anxiety effects, and may be beneficial as a sleep aid." The diagnoses include chronic severe right low back pain secondary to lumbar degenerative disc disease and facet arthropathy, lumbar radicular pain, chronic right ankle and foot pain, depression, and anxiety Per the note dated 8/29/14 patient has

complaints of right low back pain at 4-7/10 down to the right hip and thigh, and physical examination revealed antalgic gait, mild tenderness, mild muscle weakness and hypersensitive to pinprick in the right lateral ankle around scar area. The patient has had an MRI of the lumbar spine on June 25, 2013 that revealed multilevel lumbar facet arthropathy, diffuse disc bulge with disc protrusion, mildly impinging on the emerging nerve root and mild right and left lateral recess narrowing; MRI of the Right Ankle on 12/19/12, that revealed cylindrical defect posterior calcaneus from previously-placed orthopaedic screw. The patient has had ankle/foot surgery and epidural steroid injections. The pt has chronic pain with a neuropathic component. The pt has abnormal objective findings and imaging study findings that are consistent with the pt's symptoms. Anticonvulsants or antiepileptics like gabapentin / Neurontin are medically appropriate and necessary in this patient. The cited guidelines support the use of Neurontin 100mg qhs no refill in patients with this clinical situation therefore the request is deemed medically necessary.

**Cymbalta to 30mg qd:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs): Duloxetine (Cymbalta): FD. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Thompson Micromedex FDA labeled indication for Cymbalta

**Decision rationale:** Cymbalta contains Duloxetine Hydrochloride. As per cited guideline "Duloxetine (Cymbalta): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy." According to the Thompson Micromedex FDA labeled indication for Cymbalta includes Diabetic peripheral neuropathy - Pain, Fibromyalgia, Generalized anxiety disorder, Major depressive disorder, Musculoskeletal pain, Chronic. The diagnoses include chronic severe right low back pain secondary to lumbar degenerative disc disease and facet arthropathy, lumbar radicular pain, chronic right ankle and foot pain, depression, and anxiety. Per the note dated 8/29/14 patient has complaints of right low back pain at 4-7/10 down to the right hip and thigh, and physical examination revealed antalgic gait, mild tenderness, mild muscle weakness and hypersensitive to pinprick in the right lateral ankle around scar area. The patient has had an MRI of the lumbar spine on June 25, 2013 that revealed multilevel lumbar facet arthropathy, diffuse disc bulge with disc protrusion, mildly impinging on the emerging nerve root and mild right and left lateral recess narrowing; MRI of the Right Ankle on 12/19/12, that revealed cylindrical defect posterior calcaneus from previously-placed orthopaedic screw. The patient's surgical histories include ankle/foot surgery, epidural steroid injections, facet injections, and a radiofrequency neurotomy. The patient has documented objective evidence of chronic myofascial pain along with evidence of a nerve related / neuropathic component of the pain as well as depression and anxiety. Cymbalta is deemed medically appropriate and necessary in such a patient. Therefore, the Cymbalta to 30mg qd is medically necessary for this patient at this time.