

<b>Case Number:</b>	CM14-0033334		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/20/2002
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 53 year old employee with date of injury of 5/20/2002. Medical records indicate the patient is undergoing treatment for chronic discogenic neck pain with cervical radiculopathy; post-operative status post decompression and fusion with retained hardware; chronic left shoulder pain and weakness due to sternoclavicular joint; chronic discogenic back pain; multilevel degenerative lumbar disc disease and chronic sprain/strain bilateral wrists/posttraumatic tendinitis. The patient also has a history of reflux disease. Subjective complaints include mid to low back pain that sometimes radiates to the sternum, severe occipital headaches when fatigued and pain averaging 2-3/10 with medications and a TENS unit. Objective findings include normal but slow torso movements, no pain on palpitation and very tight right thoracic muscles. Treatment has consisted of TENS unit, Cymbalta, Methocarbamol, Clonazepam, Zolpidem Tartrate and Tramadol. The utilization review determination was rendered on 2/19/2014 recommending non-certification of Cymbalta 30 mg, Clonazepam 0.5 mg and Tramadol HCL 50 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription of Cymbalta 30mg, #3:** Upheld

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

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

**Decision rationale:** MTUS states "Selective serotonin and norepinephrine reuptake inhibitors (SNRIs): Duloxetine (Cymbalta): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. (Dworkin, 2007) No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. (Dworkin, 2007) More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. Side effects: CNS: dizziness, fatigue, somnolence, drowsiness, anxiety (3% vs. 2% for placebo), insomnia (8-13% vs. 6-7% for placebo). GI: nausea and vomiting (5-30%), weight loss (2%).....Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks. Withdrawal effects can be severe. Abrupt discontinuation should be avoided and tapering is recommended before discontinuation." A dose of 60 mg once a day is recommended as an off-label option for chronic pain syndrome. The submitted records indicate the patient is experiencing chronic pain syndrome; however, the records fail to indicate any increased pain or decreased functioning since the last examination. The patient is experiencing an average of 2-3/10 with current medication use. In addition, Cymbalta is FDA approved for the treatment of depression and requires continued monitoring for effectiveness per MTUS guidelines. Thus 3 refills would indicate 90 days without additional interim reevaluation. As such the request for Cymbalta 60mg #30 with 3 refills is not medically necessary.

**Prescription of Tramadol HCL 50mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol: Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123.

**Decision rationale:** MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The treating physician did not provide sufficient documentation that the patient has failed his trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. No documentation was provided that discussed the setting of goals for the use of tramadol prior to the initiation of this medication. In review #1034791 on 4/29/2013, it was stated that the patient "is actually taking a fourth to an eighth of the prior prescription of Tramadol, the patient should have enough of this medication to last him for some time." The determination was to non-certify this medication for this reason. If the patient is taking this medication "occasionally", then the patient should have enough medication to last him until the next appointment. The utilization reviewer on 2/19/14 noted that non certification would not put the patient at risk for withdrawal. As such, the request for tramadol 50mg #30 is not medically necessary.

**Prescription of Clonazepam 0.5mg, #30:** Upheld

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

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

**Decision rationale:** MTUS states that benzodiazepine (i.e. Clonazepam) is "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." Medical records indicate that the patient has been on Clonazepam since at least 1/2/2013, far exceeding MTUS recommendations. The medical record does not provide any extenuating circumstances to recommend exceeding the guideline recommendations. The utilization review on 2/19/14 recommended weaning of Clonazepam. As such, the request for Clonazepam 0.5mg, #30 is not medical necessary.