

<b>Case Number:</b>	CM14-0039013		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/15/2009
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 Occupational 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:

The claimant was injured on 06/15/09. Cymbalta, Percocet, a urine drug screen, topical medication, and an H wave unit are under review. On 05/13/13, the claimant had ongoing severe right hand pain that was level 5-7/10. It was increased with any touch or usage and was dull and constant. It was decreased with medication. She had mild edema with some skin discoloration on the dorsal hands. There was obvious atrophy of the thenar eminence and multiple disfigured joints. She had dysesthesias and allodynia in the palmar aspect of her right hand. She was diagnosed with complex regional pain syndrome status post carpal tunnel release 2. She had failed a spinal cord stimulator trial. No further surgery was recommended. She had stellate ganglion blocks and had evidence of permanent nerve damage. She was given Cymbalta for neuropathic pain and Percocet for pain. A random urine drug screen was ordered. PLO gel consisting of gabapentin, ketoprofen, and lidocaine was recommended. An H wave trial was also recommended for home use to help prevent further deterioration. The peer review was completed on 03/04/14. There is no current clinical information.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines X Anti-neuropathic medications, Cymbalta, page 77; Medications for Chronic Pain, page 94 Page(s): 94.

**Decision rationale:** The history and documentation do not objectively support the request for continuation of the medication Cymbalta. The MTUS state "duloxetine (Cymbalta) may be recommended as an option in first-line treatment option in neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, with effect found to be significant by the end of week 1 (effect measured as a 30% reduction in baseline pain)." In this case, there is no documentation of any benefit to the claimant from this medication which she was taking in May 2013. There is no current clinical information and no history of objective or measurable improvement with the use of this medication since May 2013. The MTUS also state "before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. (Mens 2005)" The medical necessity of the request for continued use of Cymbalta has not been clearly demonstrated.

**Percocet:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines X Opioids for Chronic Pain and 4 A's, page 110 Page(s): 110.

**Decision rationale:** The history and documentation do not objectively support the request for the opioid, Percocet. The MTUS outlines several components of initiating and continuing opioid treatment and states "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." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. MTUS further explains, "pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." There is also no indication that periodic monitoring of the claimant's pattern of use and response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that she has been involved in an ongoing rehab program to help maintain any benefits she received from treatment measures. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The claimant's pattern of use of Percocet is unclear. There is no evidence that a signed pain agreement is on file

at the provider's office and no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber. There is no current clinical information or any clinical information in the records since the office note dated 05/13/13. As such, the medical necessity of the ongoing use of Percocet has not been clearly demonstrated.

**Urine Drug Screen: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines X Urine Drug Testing, page 77 Page(s): 77.

**Decision rationale:** The history and documentation do not objectively support the request for urine drug testing at this time. The MTUS state "drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." There is no current clinical information that supports the need for a drug screen. Percocet does not appear to be indicated. The claimant's history of medication use since 05/13/13 is unknown. There is no indication that the provider is concerned about lack of compliance with medication prescriptions or is suspected of illegal drug use. The medical necessity of this request for urine drug testing has not been clearly demonstrated.

**Gabapentin/Ketoprofen/Lidocaine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines X Topical Analgesics, page 143 Page(s): 143.

**Decision rationale:** The history and documentation do not objectively support the request for the compound medication gabapentin/ketoprofen/lidocaine. The CA MTUS p. 143 state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004)... Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. " There is no evidence of failure of all other first line drugs. Topical gabapentin and ketoprofen are not recommended by the MTUS. Topical ketoprofen is not FDA-approved for topical use due to potentially serious side effects. Topical lidocaine is only recommended in the form of Lidoderm patch. As such, the medical necessity of this request for topical gabapentin/ketoprofen/lidocaine cream has not been clearly demonstrated.

**H-wave unit & supplies (rental or purchase): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Stimulation Unit.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines X H wave, page 148 Page(s): 148.

**Decision rationale:** The history and documentation do not objectively support the request for an H wave unit. The MTUS state "H-wave stimulation (HWT) is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain (Julka, 1998) (Kumar, 1997) (Kumar, 1998), or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS).... H-wave stimulation is sometimes used for the treatment of pain related to a variety of etiologies, muscle sprains, temporomandibular joint dysfunctions or reflex sympathetic dystrophy. In fact, H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain, since there is anecdotal evidence that H-Wave stimulation helps to relax the muscles, but there are no published studies to support this use, so it is not recommended at this time...." In this case, the use of H wave is not supported since a TENS has not been tried and H wave has not been shown to be beneficial for RSD. There is no indication that the claimant has been involved in an ongoing exercise program that is to be continued in conjunction with the use of an H wave unit. There is no current clinical information as the only available medical information is dated 05/13/13. The medical necessity of this request for an H wave unit has not been demonstrated.