

<b>Case Number:</b>	CM14-0058458		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	09/19/2007
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, myofascial pain syndrome, fibromyalgia, cubital tunnel syndrome, and carpal tunnel syndrome reportedly associated with an industrial injury of September 19, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier cubital tunnel release surgery; left and right carpal tunnel release surgeries in 2008; topical agents; and a muscle relaxant. In Utilization Review Report dated April 22, 2014, the claims administrator partially certified a request for Lyrica, Cymbalta, Amrix and Naprosyn and denied a request for Lidoderm and a urine toxicology screen. The claims administrator stated the partial certifications were made so as to furnish the attending provider with an opportunity to reevaluate the applicant. The claims administrator also denied lidocaine patches on the grounds that the Lidoderm was "N" drug on the Official Disability Guidelines (ODG) formulary, which California had not adopted. The claims administrator report was approximately 20 pages long, it is incidentally noted, and was somewhat difficult to follow. The applicant's attorney subsequently appealed. In an April 8, 2014 progress note, the applicant reported chronic multifocal pain syndrome, including pain associated with fibromyalgia and myofascial pain syndrome she also reported pain at 10/10 without medications, 5/10 with medications. The applicant stated that her medications were keeping her functional and mobile. The applicant's medications reportedly included Naprosyn, Cymbalta, Amrix, Lidoderm, and Lyrica. It was stated that the applicant was retired, in one section of the report. Another section of the report stated that the applicant had been employed for 31 years. Multiple medications were renewed, including Lyrica, Cymbalta, Lidoderm, Amrix, and Naprosyn. The attending provider stated that the applicant was permanent and stationary and stated that the goals of continued medication usage were to ameliorate the

applicant's ability to perform physical activities, social activities, and housework. On April 8, 2014, the applicant stated that she was walking for exercise seven times a week; multiple medications were renewed. On March 13, 2014, the applicant was described as permanent and stationary. It was stated that she was not working. Repeat electrodiagnostic testing was sought. A urine drug testing report of December 20, 2013 was reviewed. The applicant was drug tested on December 17, 2013. Despite the fact that she had tested negative for all drug classes, including amphetamines, barbiturates, benzodiazepines, cocaine, methadone, buprenorphine, Morphine, opioids, oxycodone, and cannabinoids. The attending provider went on to perform confirmatory, quantitative drug testing, all of which were also negative.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lyrica 75mg caps (pregablin) #90 x3:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AED's.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Topic Page(s): 99.

**Decision rationale:** As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, pregabalin or Lyrica is considered a first-line treatment for neuropathic pain, as is present here. The applicant apparently has residual upper extremity paresthesias associated with residual carpal tunnel syndrome following earlier failed right and left carpal tunnel release surgeries. The attending provider has posited that ongoing usage of Lyrica has ameliorated the applicant's ability to perform activities of daily living, including standing, walking, household chores, and daily home exercises. Continuing Lyrica, on balance, is therefore indicated. Accordingly, the request is medically necessary.

**Cymbalta 30mg CPEP (Duloxetine HCL) #30x 3:** Overturned

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

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

**Decision rationale:** As noted on page 15 of the MTUS Chronic Pain Medical Treatment Guidelines, Cymbalta is Food and Drug Administration (FDA) approved in the treatment of depression and fibromyalgia. The Cymbalta can also be employed off label for neuropathic pain and radiculopathy. In this case, the applicant apparently has multifocal pain complaints associated both with fibromyalgia/myofascial pain syndrome and residual carpal tunnel syndrome following earlier failed carpal tunnel release surgery. The attending provider has posited that ongoing usage of Cymbalta has diminished the applicant's pain complaints and ameliorated her ability to perform activities of daily living, including household chores, standing,

walking, and daily home exercises. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

**Lidoderm 5 % patch (lidocaine) #60x3: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

**Decision rationale:** While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine can be employed in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial first-line therapy with antidepressants and/or anticonvulsants, in this case, the applicant's ongoing, reportedly successful usage of both an anticonvulsant adjuvant medication, Lyrica, and an antidepressant adjuvant medication, Cymbalta, effectively obviate the need for the Lidoderm patches in question. Therefore, the request is not medically necessary.

**Amrix 15mg XR2H- Cap (cyclobenzaprine HCL) # 30 x 3: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine to other agents is not recommended. In this case, the applicant is using a variety of other analgesic and adjuvant medications, several of which have been approved through this independent medical review report. Adding Amrix (cyclobenzaprine) to the mix is not recommended. Therefore, the request is not medically necessary.

**Naprosyn 500mg tabs (naproxen) #60x3: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic Page(s): 22.

**Decision rationale:** As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic multifocal pain syndrome reportedly present here. The attending provider has posited the ongoing usage of

Naprosyn has attenuated the applicant's pain complaints and has ameliorated her ability to perform activities of daily living, such as household chores, standing, walking and daily home exercises, continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

**Urine drug test:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing topic.Urine Drug Testing topic Page(s): 43.

**Decision rationale:** While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain context, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in the Official Disability Guidelines (ODG's) Chronic Pain Chapter Urine Drug Testing topic, however, an attending provider should clearly state what drug tests and/or drug panels are being tested for, identify the last time an applicant was tested, and attach the applicant's complete medication list to the request for authorization for testing. Confirmatory and/or quantitative testing, per ODG, are typically not recommended outside of the emergency department drug overdose context without some compelling evidence of medical necessity. In this case, however, the attending provider did perform confirmatory, quantitative testing outside of the emergency department context. Confirmatory and quantitative testing were performed in the clinic context. It is unclear why the confirmatory, quantitative tests were performed when the applicant was negative on qualitative testing. The attending provider did not, furthermore, clearly state when the applicant was last tested. Therefore, the request was not medically necessary.