

Case Number:	CM14-0081460		
Date Assigned:	07/23/2014	Date of Injury:	04/01/2009
Decision Date:	08/27/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/03/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 46-year-old female who reported an injury on 04/01/2009 due to an unknown mechanism. Diagnosis was diabetes mellitus type 2, status post right first dorsal extensor compartment release for De Quervain's tenosynovitis with persistent symptoms. Past treatments were medications and surgery. The injured worker was also seeing a Psychologist. Diagnostic studies were not submitted for review. Surgical history was the dorsal extensor compartment release. Physical examination on 06/10/2014 revealed complaints of right wrist, right elbow, and right shoulder pain. Injured worker complained of getting cramps in her right wrist. She admitted to getting depressed and frustrated at times due to her inability to work. Physical exam revealed abduction of the right shoulder was to 100 degrees. Extension was to 20 degrees and flexion was to 160 degrees. Abduction of the left shoulder was to 160 degrees. Extension was to 30 degrees, flexion was to 150 degrees. Finkelstein test was positive on the right. There was tenderness on the radial side of the right wrist with tenderness over the first metacarpal on the right. There was right forearm tenderness and right lateral epicondylar tenderness without medial epicondylar tenderness. There was right shoulder crepitus with positive Hawkins. Medications were Voltaren gel, Cymbalta 30 mg, Elavil 25 mg. Treatment plan was to continue with medications as directed. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 25mg #30 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation 2010 Revision, Web Edition and on the Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline, Specific Antidepressants Page(s): 13, 15.

Decision rationale: The request for Elavil 25 mg quantity 30, with three refills is not medically necessary. The California Medical Treatment Utilization Schedule states amitriptyline is recommended and is generally considered a first line agent unless they are ineffective, poorly tolerated or contraindicated. Elavil is a tricyclic antidepressant and is recommended over selective serotonin reuptake inhibitors unless adverse reactions are a problem. Caution is recommended because tricyclics have a low threshold for toxicity and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their cardiovascular and neurological effects. Tricyclic antidepressants have been effective and are considered a first line treatment for neuropathic pain. This class of medication also works in both injured workers with normal mood and injured workers with depressed mood when used in treatment for neuropathic pain. The report submitted does not state if the injured worker is taking Elavil for neuropathic pain or for depression. The provider did not indicate a frequency for the medication. Therefore, the request is not considered medically necessary.

Cymbalta 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation 2010 Revision, Web Edition and on the Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTI- DEPRESSANTS Page(s): 13, 15.

Decision rationale: The request for Cymbalta 30 mg quantity 30 is not medically necessary. The California Medical Treatment Utilization Schedule states for antidepressants for chronic pain, it is recommended as a first line option for neuropathic pain and as a possibility for non - neuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation, should be assessed. Cymbalta is a selective serotonin and norepinephrine reuptake inhibitor and it is approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Duloxetine is recommended as a first line option for diabetic neuropathy. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. It was noted that the injured worker had diabetes mellitus type 2 but there was no diagnosis of diabetic neuropathy. The injured worker was seeing a psychologist for depression. The records submitted do not indicate if the injured worker is taking the medication for pain or taking the medication for depression. Although the injured worker has reported some pain relief from the

medication, the provider did not indicate a frequency for the medication. Therefore, the request is not medically necessary.