

Case Number:	CM15-0001143		
Date Assigned:	01/12/2015	Date of Injury:	01/20/2014
Decision Date:	03/19/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 47 year old male, who sustained an industrial injury on January 20, 2014. He has reported left shoulder, forearm, and wrist pain, neck pain, and mid back pain. The diagnoses have included crushing injury of the forearm, chronic pain syndrome, lesion of the ulnar nerve, sprain/strain of the neck, mononeuritis of the arm, cervicobrachial syndrome, and reflex sympathetic dystrophy. Treatment to date has included splinting, home exercises, medications, stellate ganglion block, and imaging studies. Currently, the injured worker complains of increasing left forearm and wrist pain, neck pain, and difficulty sleeping. The treating physician is requesting prescriptions for Cymbalta and Sonata. On December 22, 2014 Utilization Review non-certified the requests for prescriptions for Cymbalta and Sonata noting the lack of documentation to support the medical necessity of the medications. The MTUS chronic pain medical treatment guidelines and ODG were cited in the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain, Duloxetine Page(s): pages 13-16, pages 43-44.

Decision rationale: The MTUS Guidelines support the use of duloxetine (Cymbalta) for the management of some types of chronic pain. The literature has demonstrated good results with the use of duloxetine to manage fibromyalgia, and the FDA has approved the medication as first line treatment for anxiety, depression, and diabetic neuropathy. There is some evidence to support its use for the treatment of neuropathy not caused by diabetes and of radiculopathy overall. However, more information is needed to support its use longer than twelve weeks. In addition, the guidelines and literature specifically do not support the use of duloxetine for lumbar radiculopathy. The Guidelines recommend that regular assessments during treatment should include descriptions of pain outcomes, function, changes in the use of other pain medications, sleep quality and duration, psychologic assessments, and side effects. The submitted and reviewed documentation indicated the worker was experiencing pain in the left shoulder, mid- and upper back/neck, and left arm. The documented pain assessments did not include many of the above elements. Further, the request was made for an indefinite supply of medication, which does not account for potential changes in the worker's overall health or treatment needs. For these reasons, the current request for an indefinite supply of Cymbalta (duloxetine) 30mg taken twice daily is not medically necessary.

Sonata 5mg-10mg every bedtime as needed for sleep: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 11/21/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schutte-Rodin S, et al. Clinical guideline for the evaluation and management of chronic insomnia in adults. J Clin Sleep Med. Oct 15 2008; 4(5): 487-504. (American Academy of Sleep Medicine (AASM) Guideline) Chawla J, et al. Reference Topic Insomnia, Medscape. <http://emedicine.medscape.com/article/1187829-overview#aw2aab6b2b2>, accessed 03/15/2015.

Decision rationale: Sonata (zaleplon) is a medication that is used for certain problems with sleep. The MTUS Guidelines are silent on the topic of insomnia. The 2008 AASM Guideline and literature stress the importance of a thorough history in order to establish the type and evolution of insomnia, perpetuating factors, and pertinent concurrent issues. Monitoring data from a sleep diary before and during active treatment is strongly encouraged. Treatment goals should be aimed at improving both the quality and quantity of sleep as well as decreasing daytime impairments. Initial treatment should include at least one behavioral intervention, and all patients should adhere to rules of good sleep hygiene in combination with other therapies. When long-term treatment with medication is needed, consistent follow up, ongoing assessments of benefit, monitoring for adverse effects, and evaluation of new or exacerbative issues should occur. However, the use for longer than two to four weeks should be avoided if possible. The submitted and reviewed documentation reported the worker was experiencing sleep problems, among other issues. These records indicated the worker had been taking similar types of

medication long-term. There was no documented detailed sleep assessment, suggestion that a behavioral intervention had not been effective, or thorough monitoring as recommended by the Guidelines. There also was no discussion indicating special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for an indefinite supply of Sonata (zaleplon) 5-10mg taken before bedtime as needed for sleep problems is not medically necessary. While the Guidelines support the use of an individualized taper to avoid withdrawal effects, the risks of continued use significantly outweigh the benefits in this setting, and a wean should be able to be completed with the medication available to the worker.