

<b>Case Number:</b>	CM15-0102157		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	09/05/2012
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 33 year old female, who sustained an industrial injury on 9/05/2012. Diagnoses include complex regional pain syndrome type II upper limb, degeneration of cervical intervertebral disc, neck pain, brachial neuritis and shoulder joint pain. Treatment to date has included medications including Tramadol/Acetaminophen, Cymbalta, Etodolac, Floricet, Ibuprofen, Metaxolone, Nortriptyline, Omeprazole and Zofran. Per the Primary Treating Physician's Progress Report dated 5/15/2015, the injured worker reported right shoulder and right neck pain with radiation to the right shoulder. She reports muscle spasms and numbness and tingling in the right upper extremity. She also reported abdominal cramps. Physical examination of the upper extremities revealed decreased range of motion of the right shoulder upon flexion, extension, abduction and internal and external rotation. The plan of care included medications and authorization was requested for Cymbalta 30mg #30 and Tramadol/Acetaminophen 37.5/325mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol/Acetaminophen 37.5/325mg quantity 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

**Decision rationale:** The claimant sustained a work injury in September 2012 and continues to be treated for chronic right neck and right upper extremity pain. When seen, there was decreased shoulder and elbow range of motion. She was protective of her right upper extremity. The assessment references the claimant as declining in function and not improving with medication treatment. An interdisciplinary evaluation was recommended. Tramadol / acetaminophen is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, this medication is not providing decreased pain, increased level of function, or improved quality of life. Therefore, continued prescribing is not medically necessary.

**Cymbalta 30mg quantity 30 with one refill:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Cymbalta.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta), p43-44 Page(s): 43-44.

**Decision rationale:** The claimant sustained a work injury in September 2012 and continues to be treated for chronic right neck and right upper extremity pain. When seen, there was decreased shoulder and elbow range of motion. She was protective of her right upper extremity. The assessment references the claimant as declining in function and not improving with medication treatment. An interdisciplinary evaluation was recommended. In terms of Cymbalta (duloxetine), it can be recommended as an option in first-line treatment of neuropathic pain. The maximum dose is 120 mg per day. The requested dose is consistent with that recommended and therefore medically necessary.