

Case Number:	CM15-0105078		
Date Assigned:	06/09/2015	Date of Injury:	03/29/2012
Decision Date:	07/10/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/01/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 27 year old female who sustained an industrial injury on 03/29/2012. Treatment provided to date has included: medications and conservative therapies/care. Diagnostic testing was not provided or mentioned. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 05/03/2015, physician progress report noted complaints of right wrist pain. Pain was not mentioned, but the pain was described as worsening. Per an exam dated 02/08/2015, a pain rating of 9/10 was noted. Additional complaints include difficulty sleeping (1-2 hours per night) due to pain. The injured worker's current medications consist of thromax, Z-Pak, gabapentin and Cymbalta. The injured worker reported that the gabapentin (800mg), and Cymbalta (60mg x3) were not help to relieve the pain enough. The physical exam revealed tenderness with palpation of the right wrist with swelling, and limited range of motion in the right wrist, positive Tinel test. The provider noted diagnoses of reflex sympathetic dystrophy, and pain in limb. Due to increasing pain, the gabapentin was increased to allow the injured worker to take one additional tablet as needed per day to help control pain. Plan of care includes continued medications (including gabapentin which the quantity was increased, and Cymbalta), and follow up. The injured worker's work status totally temporarily disabled. Requested treatments include gabapentin and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 800 mg tablet Qty165 refills 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy drugs (AEDs) Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs/Gabapentin, pages 18-19.

Decision rationale: Although Neurontin (Gabapentin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic injury. Medical reports have not demonstrated specific change, progression of neurological deficits or neuropathic pain with functional improvement from treatment of this chronic injury. Previous treatment with Neurontin has not resulted in any functional benefit and medical necessity has not been established. The Gabapentin 800 mg tablet Qty165 refills 3 is not medically necessary and appropriate.

Cymbalta 60 Mg #165 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti depressant Page(s): 43-44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants, Page 15.

Decision rationale: Per MTUS Chronic Treatment Pain Guidelines, selective serotonin reuptake inhibitors (SSRIs) such as Cymbalta (Duloxetine, a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline), are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain; however, more information is needed regarding the role of SSRIs and pain. Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia; Used off-label for neuropathic pain and radiculopathy; and is recommended as a first-line option for diabetic neuropathy; however, no high quality evidence is reported to support the use of duloxetine for musculoskeletal disorders and more studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. Submitted reports have not adequately shown any previous failed trial of TCA or other first-line medications without specific functional improvement from treatment already rendered. The Cymbalta 60 Mg #165 3 refills is not medically necessary and appropriate.