

<b>Case Number:</b>	CM15-0011607		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	07/15/1998
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 41-year-old female sustained a work related injury on 07/15/1998. According to a progress report dated 09/17/2014, the injured worker continued to be in obvious discomfort with severe right scalene tenderness and restricted range of motion of the shoulders. The injured worker was status post right scalenectomy. There was some improvement in her mood. Diagnoses included severe bilateral thoracic outlet syndrome (right greater than left), Piriformis syndrome (status post right piriformis release with residuals, major depression, fibromyalgia and gastroesophageal reflux. Urinary drug screen was positive for opioids only consistent with her present analgesic regimen. Plan of care included Cymbalta, MS Contin, Topamax, Lidoderm patches, Senna, Prilosec and Gabapentin. The injured worker was permanently 100 percent disabled. According to a progress report dated 11/06/2014, the injured worker complained of severe pain in the right shoulder. Her shoulder was essentially frozen. She complained of right neck pain that radiated to the right shoulder blade down to the right hand. She received injection of Depo-Medrol and Marcaine. Electromyography and Nerve Conduction Velocity Studies and MRI were requested. A prescription of Tramadol was given for breakthrough pain. On 12/19/2014, Utilization Review non-certified Cymbalta 60mg, modified MS Contin #60 and non-certified Topamax 50mg and Gabapentin 300mg. According to the Utilization Review physician, in regard to Cymbalta, there was lack of benefit with continued use. Cymbalta was non-certified in review [REDACTED] and therefore, weaning was not necessary. CA MTUS Chronic Pain Medical Treatment Guidelines were referenced. In regard to MS Contin, there was evidence of use of this medication dating into 2013 without significant benefit. The injured worker suffered from major depression which

could be exacerbated by the use of chronic opioid medications. There were no indications that the injured worker was benefiting from opioids. Weaning was suggested. Guidelines cite for this review included CA MTUS Chronic Pain Medical Treatment Guidelines. In regard to Topamax, the current report did not indicate benefit from medication and was still symptomatic in relation to the upper extremity. Topamax was previously non-certified and therefore weaning was not necessary. CA MTUS Chronic Pain Medical Treatment Guidelines were referenced. In regard to Gabapentin, continuation of this medication was not indicated based on the lack of benefit. CA MTUS Chronic Pain Medical Treatment Guidelines were referenced. The decision was appealed for an Independent Medical Review.

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

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

**Cymbalta 60 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 15-16.

**Decision rationale:** MTUS state regarding antidepressants for pain, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) 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." The treating physician does not indicate failure of first-line agents and does not indicate how a first line agent is ineffective, poorly tolerated, or contraindicated. MTUS states regarding Cymbalta: "Selective serotonin and norepinephrine reuptake inhibitors (SNRIs): Duloxetine (Cymbalta): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. (Dworkin, 2007) No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. (Dworkin, 2007) More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. Side effects: CNS: dizziness, fatigue, somnolence, drowsiness, anxiety (3% vs.2% for placebo), insomnia (8-13% vs. 6-7% for placebo). GI: nausea and vomiting (5-30%), weight loss (2%) Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks. Withdrawal effects can be severe. Abrupt discontinuation should be avoided and tapering is recommended before discontinuation." The medical records fail to demonstrate functional improvement with this medication. Previous UR have non-certified, making a modification for a wean unnecessary. As such, the request for Cymbalta 60mg is not medically necessary.

**MS Contin # 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids.

**Decision rationale:** MS Contin is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. The utilization reviewer recommended continued weaning off of MS Contin. As such the request for MS Contin 50 MG is not medically necessary.

**Topamax 50 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax); Antiepileptic Drugs Page(s): 113, 21.

**Decision rationale:** Topamax is the brand name version of Topiramate, which is an anti-epileptic medication. MTUS states that anti-epilepsy drugs are recommended for neuropathic pain, but do specify with caveats by medication. MTUS states regarding Topamax, "has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard." Medical files fail to demonstrate a functional improvement while on this medication. Previous UR have non-certified, making a modification for a wean unnecessary. As such, the request for Topamax 50mg is not medically necessary.

**Gabapentin 300 mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin ½).

**Decision rationale:** The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states "Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended." Additionally, ODG states that 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". Based on the clinical documentation provided, the patient failed to demonstrate a functional improvement with a trial of this medication. As such, the request for Gabapentin 300mg is not medically necessary.