MAXIMUS Federal Services

| Case Number: | CM15-0137118 | | |
|---|---|---|---|
| Date Assigned: | 07/27/2015 | Date of Injury: | 12/29/2006 |
| Decision Date: | 08/25/2015 | UR Denial Date: | 07/01/2015 |
| Priority: | Standard | Application Received: | 07/15/2015 |

## 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, South Carolina
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

## 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 (IW) is a 53 year old female who sustained an industrial injury on December 29, 2006. The initial injury and symptoms experienced by the injured worker were not included in the documentation. Treatment to date has included MRI, CT scan, x-ray, surgery, brace, psychological evaluation, medications, electrodiagnostic studies, compression stockings, and epidural injection. Currently, the IW complains of constant throbbing low back pain that radiates to the buttocks with a focus on the tailbone and sharp, shocking pain from her neck to her tailbone. She also reports an aching, pressing, cramping and pinching pain down her left leg to her big toe, and constant aching pain and numbness in both of her legs (left greater than right) with pain at 5-9/10 on medications and 10/10 without medications. She reports intermittent headaches (rated 6-8 on 10), neck and shoulder blade pain that radiates to her arms and hands with bilateral hand numbness. She also states her hands turn red and feels a burning sensation. The injured worker is diagnosed with post laminectomy syndrome, neuralgia, neuritis and radiculitis (unspecified), degeneration of cervical intervertebral disc, bilateral carpal tunnel syndrome, venous stasis of lower extremity, autonomous neurogenic bladder, GERD, and chronic lumbar radiculopathy. Her work status is permanent and stationary. A note dated, June 10, 2015, states the IW experiences 50% efficacy from pain medication, which allows her to engage in activities of daily living and improved function. The IW reports improvement in left hand symptoms when she wears the brace and some relief from compression stockings. The note further states the IW received very limited relief from the epidural injection. The following medications, Atenolol (Tenormin) 25 mg #30 (to manage her hypertension, which is industrial

related per note dated June 10, 2015), Ketamine 10% Ketoprofen 10% gabapentin 10% Lidocaine 10% compound 360 grams (to alleviate pain) and Cymbalta DR 60 mg #30 with 5 refills (helps mood and pain) were requested. On 6/30/2105, Utilization Review non-certified the requests for Atenolol (Tenormin) 25 mg #30, Ketamine 10% Ketoprofen 10% gabapentin 10% Lidocaine 10% compound 360 grams, and Cymbalta DR 60 mg #30 with 5 refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Atenclol (Tenormin) 25mg #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 25-26.

**Decision rationale:** The ACOEM guidelines cited state that a number of workplace conditions have been implicated as risk factors for cardiovascular disease. Evidence strongly suggests a causal association between hypertension and job strain. According to medical documentation from the treating physician, the IW did not require treatment for hypertension until after the occurrence of her work place injury. Also, per recent documentation, her Workers Compensation cardiologist recommended treatment of her hypertension (original notes are unavailable). Therefore, based on the available information and cited guidelines, atenolol 25mg #30 is medically necessary and appropriate.

**Ketamine10 percent/Ketoprofen10 percent/Gabapentin10 percent/Lidocaine10 percent 360gm #1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The MTUS guidelines on Topical Analgesics describe topical treatment as an option; however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily used for neuropathic pain when first-line agents, such as antidepressants and anticonvulsants, have failed. In addition, gabapentin is not recommended as a topical ingredient by the MTUS, and as the guidelines state, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Ketamine 10 percent/Ketoprofen 10 percent / Gabapentin 10 percent / Lidocaine 10 percent 360gm #1, which is a compound containing gabapentin for topical use, cannot be deemed medically necessary and appropriate.

**Cymbalta DR 60mg #30 with 5 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines serotonin-norepinephrine reuptake inhibitors anti-depressants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) Page(s): 15-16.

**Decision rationale:** According the CA MTUS, Cymbalta is FDA-approved for anxiety, depression, diabetic neuropathy, fibromyalgia, and has been used off-label for neuropathic pain and radiculopathy. However, no high quality evidence is reported to support the use of Cymbalta for lumbar radiculopathy. Per the medical records available, the IW's lumbar radicular symptoms have persisted at 5-9/10 pain scale despite the current use of medications. However, the 50% efficacy from pain medication has allowed her to engage in activities of daily living and improved function. In addition, her records reflect symptoms of depression and anxiety. Therefore, based on this injured worker's history and guidelines cited, Cymbalta DR 60 mg #30, with 5 refills, is medically necessary and appropriate.