

Case Number:	CM15-0164260		
Date Assigned:	09/01/2015	Date of Injury:	03/19/2014
Decision Date:	10/20/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/20/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 40 year old female, who sustained an industrial injury on 3-19-2014. She reported injury to the left arm, left shoulder, chest, back and neck from a fall. The injured worker was diagnosed as having rib fracture, cervical strain and trapezius strain, contusion of left anterior chest wall, sternum and left shoulder with myofascial pain syndrome. Treatment to date has included medications, CT scan, x-rays, physical therapy, massage, magnetic resonance imaging of the left shoulder and cervical spine (11-10-2014), and injection. The request is for Cymbalta, Neurontin, and Tramadol. On 4-9-2015, she reported pain to the left side of the neck which she felt was worsened. She rated the pain 9 out of 10 at the worst and 6 out of 10 at the least, and usual pain was 6 out of 10. The treatment plan included: medical branch blocks, Tramadol, and Ibuprofen. On 4-23-2015, she reported pain of the left shoulder. On 4-28-2015, she reported injury of the left arm, left shoulder, chest, back and neck from a fall. She reported being on Baclofen and Tramadol since the injury. She last worked in January 2015. She reported she noticed no improvement since she has been off work, and her present pain was the same as in March 2014. She indicated her pain to be constant and that medications help a little. She rated her current pain as 8 out of 10. She indicated having difficulty with bathing and some clothing items. The treatment plan included: weaning from medications, increase activity level, home exercise program. On 5-29-2015, she reported neck and left shoulder pain. She indicated there to have been no changes or improvements in pain. She also reported continued pain to the sternum and left ribs. Physical examination revealed a positive Nier. The treatment plan included: refilling Tramadol, start Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 20mg QD #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: Per the CA MTUS, Cymbalta (Duloxetine) is an antidepressant in the class called Selective serotonin and norepinephrine reuptake inhibitors (SNRIs). Antidepressants for chronic pain are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. 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. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. (Additional side effects are listed below for each specific drug.) It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken. Long-term effectiveness of anti-depressants has not been established. 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. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. The side effects of Duloxetine are: 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%). Duloxetine can worsen diabetic control in some patients. It also causes sexual dysfunction. According to the CA MTUS all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement, with functional improvement being documented in reduction of pain, increased pain control, and improved quality of life. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit; and a reduction in the dependency on continued medical treatment. In this case, there is no discussion of reduction of pain, increased pain control, and improved quality of life. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work

status, activities of daily living, and dependency on continued medical care. Therefore, the request for Cymbalta 20mg QD #30 is not medically necessary.

Neurontin 100mg TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The CA MTUS chronic pain guidelines note Gabapentin (Neurontin) is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The CA MTUS guidelines recommend Gabapentin for patients with spinal cord injury as a trial for chronic neuropathic pain that is associated with this condition. The CA MTUS guidelines also recommend a trial of Gabapentin for patients with fibromyalgia and patients with lumbar spinal stenosis. The CA MTUS guidelines recommend anti-epilepsy drugs for neuropathic pain. "A good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the trigger for: a switch to a different first line agent, combination therapy if treatment with a single drug agent fails". Ongoing treatment should reflect documentation of pain relief and functional improvement, as well as, side effects of the anti-epilepsy drug. According to the CA MTUS all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement, with functional improvement being documented in reduction of pain, increased pain control, and improved quality of life. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit; and a reduction in the dependency on continued medical treatment. In this case, there is no discussion of a reduction in pain with the use of this medication. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore, the request for Neurontin 100mg TID #90 is not medically necessary.

Tramadol HCL 50mg every 6 hours #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: Per the CA MTUS, Tramadol (Ultram) is a synthetic opioid affecting the central nervous system that is not recommended as a first line oral analgesic. The CA MTUS indicates the 4 A's for ongoing monitoring should be documented for analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The CA MTUS indicates opioids for neuropathic pain are not recommended as a first line therapy. Opioid analgesics and Tramadol have been suggested as a second line treatment (alone or in combination with first line drugs). The MTUS recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. The CA MTUS Chronic Pain Medical Treatment Guidelines indicates that management of opioid therapy should include 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. According to the CA MTUS all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement, with functional improvement being documented in reduction of pain, increased pain control, and improved quality of life. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit; and a reduction in the dependency on continued medical treatment. In this case, there is no discussion of: intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is no discussion of functional status, appropriate medication use, and side effects. She reported her pain as continuing to be the same as the date of injury. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore, the request for Tramadol HCL 50mg every 6 hours #90 is not medically necessary.