

<b>Case Number:</b>	CM15-0164473		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	04/07/2005
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 58 year old female, who sustained an industrial injury on 4-7-2005. The mechanism of injury is injury from an object being dropped onto her right great toe. The injury was further complicated by infection, gangrene, and subsequent amputation. The current diagnoses are foot pain and diabetic foot ulcer. According to the progress report dated 7-14-2015, the injured worker complains of constant, sharp pain and numbness in the right foot. The level of pain is not rated. In addition, she reports depression and anxiety from pain and frustration with workman's comp and lack of care. The physical examination of the right foot reveals mild swelling and redness along the entire volar surface with a 1 by 1 inch ulcer approximately 2 millimeters in depth and full thickness skin loss and possible muscle tendon involvement, tenderness to mild palpation along the volar surface of the foot, notable warmer skin compared to the left foot, and absent sensation to light touch and pinprick in all five toes on the right. Psychological exam reveals depressed mood. The current medications are Norco, Gabapentin, Cymbalta, Glyburide, and Metformin. However, her Cymbalta and Neurontin had been denied by insurance, and she has been without this medication for over a month. Without Cymbalta, the injured worker reports increased depression. There was no documentation of increased pain noted without the use of Neurontin. There is documentation of ongoing treatment with Neurontin since at least 10-24-2010 and Cymbalta since at least 6-3-2015. Treatment to date has included medication management, x-rays, and surgical intervention. Work status is not described. A request for Cymbalta and Neurontin has been submitted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 prescription of Cymbalta 60mg #30 with 3 refills: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Antidepressants for treatment of MDD, Duloxetine (Cymbalta).

**Decision rationale:** The MTUS is silent on the treatment of major depressive disorder. Per the ODG guidelines Cymbalta is recommended as a first-line treatment option for MDD. Duloxetine has been shown to be effective in the treatment of first and subsequent episodes of major depressive disorder, and regardless of duration of the current depressive episode. Per the ODG guidelines with regard to antidepressants: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. Professional standards defer somewhat to patient preference, allowing for a treatment plan for mild to moderate MDD to potentially exclude antidepressant medication in favor of psychotherapy if the patient favors such an approach (American Psychiatric Association, 2006). With regard to medication history, the injured worker has been using this medication since at least 6/2015. Cymbalta is indicated for the injured worker's depression, however the requested 4 month supply is not appropriate as it does not allow for periodic reassessment. The request is not medically necessary.

### **1 prescription of Neurontin 300mg #90 with 3 refills: 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:** With regard to antiepilepsy drugs, the MTUS CPMTG states "Fibromyalgia: Gabapentin and pregabalin have been found to be safe and efficacious to treat pain and other symptoms (Arnold, 2007), (Crofford, 2005). Pregabalin is FDA approved for fibromyalgia." Per MTUS CPMTG, "Gabapentin (Neurontin) 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." Per MTUS CPMTG p 17, "After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." With regard to medication history, the injured worker has been using this medication since at least 10/2010. The documentation submitted for review did not contain evidence of improvement in function. As such, medical necessity cannot be affirmed. Therefore the request is not medically necessary.

