

<b>Case Number:</b>	CM15-0181402		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	07/24/2008
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: Texas, California

Certification(s)/Specialty: 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 is a 47 year old male who sustained an industrial injury 07-24-08. A review of the medical records reveals the injured worker is undergoing treatment for status post multiple trauma, status post head injury with post concussive syndrome, residual stiffness and neuropathic pain in the right elbow, residual pain in the right wrist, lumbar sprain and strain with right radiculopathy, status post lumbar surgery, gait disorder due to right lower extremity atrophy and weakness, right knee strain and sprain, and chronic pain syndrome with opiate use. Medical records (07-30-15) reveal the injured worker complains of pain in the low back, right elbow and wrist, pelvis, and right knee, rated at 8/10 without mention of medications. The physical exam (07-30-15) reveals the injured worker ambulates with a single crutch and limp, and the low back has "decreased painful range of motion." Patient was using right knee brace. Also noted are right elbow and wrist tenderness and "decreased range of motion." Prior treatment includes acupuncture, medications, cervical and lumbar injections, physical therapy, cognitive behavioral therapy, knee brace, and surgeries to the right elbow and wrist, pelvis and low back. The original utilization review (08-10-15) non certified the requests for Cymbalta 20 mg #30, Ambien CR 112.5 mg #30, and Pamelor 10 mg #60. The medication list include Cymbalta, Ambien, Lyrica and Percocet. The patient's surgical history include right elbow, right wrist and ORIF of pelvic surgery in 2008 and low back surgery in 2010. Per the note dated 9/24/15 the patient had complaints of pain in right elbow, right wrist, right knee, pelvic, and low back pain. Physical examination revealed limited range of motion of right elbow and low back and tenderness on

palpation. The patient has had mental status examination on 9/21/15 that revealed worry, anxiety and depression and had diagnosis of mood and panic disorder. The patient has had positive history for stress and depression. The patient had received an unspecified number of acupuncture, CBT and PT visits for this injury. Patient had received cervical and lumbar injection for this injury.

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

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

#### **Cymbalta 20 mg Qty 30: Overturned**

**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): Duloxetine (Cymbalta), SNRIs (serotonin noradrenaline reuptake inhibitors). Decision based on Non-MTUS Citation Thompson Micromedex FDA labeled indication for Cymbalta.

**Decision rationale:** Request: Cymbalta 20 mg Qty 30 Cymbalta contains Duloxetine Hydrochloride. As per cited guideline "Duloxetine (Cymbalta): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy." According to the Thompson Micromedex FDA labeled indication for Cymbalta includes Diabetic peripheral neuropathy – Pain Fibromyalgia Generalized anxiety disorder Major depressive disorder Musculoskeletal pain, Chronic The patient has had history of multiple trauma, head injury with post concussive syndrome, residual stiffness and neuropathic pain in the right elbow. The patient's surgical history include right elbow, right wrist and ORIF of pelvic surgery in 2008 and low back surgery in 2010. Per the note dated 9/24/15 the patient had complaints of pain in right elbow, right wrist, right knee, pelvic, and low back pain. Physical examination revealed limited range of motion of right elbow and low back and tenderness on palpation. The physical exam (07-30-15) reveals the injured worker ambulates with a single crutch and limp, and the low back has "decreased painful range of motion." The patient was using a right knee brace. The patient has had a mental status examination on 9/21/15 that revealed worry, anxiety and depression and had a diagnosis of mood and panic disorder. The patient has had a history for stress and depression. The patient has documented objective evidence of chronic myofascial pain along with evidence of a nerve related / neuropathic component of the pain, as well as depression. Cymbalta is deemed medically appropriate and necessary in such a patient. Therefore, the Cymbalta 20 mg Qty 30 is medically necessary for this patient at this time.

#### **Ambien CR (controlled release) 12.5 mg Qty 30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Zolpidem (Ambien).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 10/09/15) Zolpidem is a short-acting non-benzodiazepine hypnotic.

**Decision rationale:** Ambien CR (controlled release) 12.5 mg Qty 30. The California MTUS/ACOEM Guidelines do not address this medication; therefore, ODG was utilized. According to the cited guideline "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia." A detailed history of anxiety or insomnia was not specified in the records provided. A trial of other measures for treatment of insomnia is not specified in the records provided. Per the cited guideline, use of the Zolpidem can be habit-forming, and it may impair function and memory more than opioid pain relievers. The request for Ambien CR (controlled release) 12.5 mg Qty 30 is not medically necessary for this patient. When discontinuing this medication, it is recommended that it should be tapered over time according to the discretion of the treating provider to prevent withdrawal symptoms.

**Pamelor 10 mg Qty 60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Antidepressants for chronic pain.

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

**Decision rationale:** According to the CA MTUS chronic pain guidelines antidepressant are "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 patient has had history of multiple trauma, head injury with post concussive syndrome, residual stiffness and neuropathic pain in the right elbow. The patient's surgical history include right elbow, right wrist and ORIF of pelvic surgery in 2008 and low back surgery in 2010. Per the note dated 9/24/15 the patient had complaints of pain in right elbow, right wrist, right knee, pelvic, and low back pain. Physical examination revealed limited range of motion of right elbow and low back and tenderness on palpation. The physical exam (07-30-15) reveals the injured worker ambulates with a single crutch and limp, and the low back has "decreased painful range of motion." The patient was using a right knee brace. The patient has had mental status examination on 9/21/15 that revealed worry, anxiety and depression and had diagnosis of mood and panic disorder. The patient has had a history of stress and depression. A Tricyclic antidepressant is recommended as a first line option for neuropathic pain and depression. The request for Pamelor 10 mg Qty 60 is medically appropriate and necessary in this patient.