

<b>Case Number:</b>	CM15-0186456		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	08/14/2012
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 45 year old female, who sustained an industrial injury on 8-14-12. The injured worker is being treated for left shoulder acromioclavicular joint arthropathy, cervical facet arthropathy, cervical radiculitis, cervical myofascial strain, lumbar radiculitis, lumbar myofascial strain, lumbago, lumbar degenerative disc disease, cervical degenerative disc disease, thoracic (HNP) herniated nucleus pulposus, left shoulder degenerative disc disease, left SLAP lesion, left biceps tenosynovitis and left shoulder pain. Urine drug screen performed on 8-19-15 was consisted with medications prescribed. (EMG) Electromyogram performed on 12-5-13 was read as normal and (MRI) magnetic resonance imaging of cervical spine performed on 7-2-15 revealed mild degenerative disc disease with minimal retrolisthesis C6-7 with C4-5 mild canal stenosis and without neural foraminal narrowing at any level. Treatment to date has included oral medications including Cymbalta 30mg, Voltaren ER 100mg, Norco 5-325mg and Naproxen 550mg and topical Ketoprofen; 8 sessions of aqua therapy, 3 sessions of acupuncture therapy, 21 sessions of chiropractic-physiotherapy, left glenohumeral joint injection and activity modifications. On 8-11-15, the injured worker complains of worsening neck pain rated 9-10 out of 10 with radiation to bilateral shoulders and left upper extremity to all digits of the hand, low back pain rated 9-10 out of 10 which is completely left sided and radiates to the left lower extremity with radiating aching pain to bilateral lower extremities to the feet and left shoulder pain with frequent headaches. She notes the medications help decrease the pain to 5-6 out of 10. She is awaiting authorization for aqua therapy, physical therapy and pain psychology consult. Physical exam performed on 8-11-15 revealed normal gait, tenderness to palpation of

acromioclavicular joint; diffuse tenderness over the cervical, thoracic and lumbar spine with limited lumbar range of motion. On 8-11-5 a request for authorization was submitted for median branch block, Duloxetine DR 30mg, #60, Naproxen 550mg #60, Ketoprofen 20%, Norco 7.5-325mg #90, physical therapy 16 sessions, aqua therapy 16 sessions and pain psychology consult. On 8-31-15 a request for Duloxetine DR 3mg #60, Ketoprofen 200% and Lidocaine patch 5% #30 were non-certified by utilization review.

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

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

#### **Duloxetine DR 30mg #60: 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:** The injured worker sustained a work related injury on 8-14-12. The medical records provided indicate the diagnosis of left shoulder acromioclavicular joint arthropathy, cervical facet arthropathy, cervical radiculitis, cervical myofascial strain, lumbar radiculitis, lumbar myofascial strain, lumbago, lumbar degenerative disc disease, cervical degenerative disc disease, thoracic (HNP) herniated nucleus pulposus, left shoulder degenerative disc disease, left SLAP lesion, left biceps tenosynovitis and left shoulder pain. Treatments have included Treatment to date has included oral medications including Cymbalta 30mg, Voltaren ER 100mg, Norco 5-325mg and Naproxen 550mg and topical Ketoprofen; 8 sessions of aqua therapy, 3 sessions of acupuncture therapy, 21 sessions of chiropractic-physiotherapy, left glenohumeral joint injection and activity modification. The medical records provided for review do not indicate a medical necessity for Duloxetine DR 30mg #60. Duloxetine is an antidepressant. The MTUS recommends the antidepressants as first line option for neuropathic pain, and as a possibility for non-neuropathic pain. However, the MTUS states that Duloxetine (Cymbalta) is: FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia; though used off-label for neuropathic pain and radiculopathy, there is no high quality evidence supporting its use for lumbar radiculopathy or other types of neuropathic pain. The medical records indicate this medication was introduced in 03/2015 when she continued to experience pain despite use of Nortriptyline, and she could not take Gabapentin due to side effects. The records reviewed did not provide information on the quality of the pain. Nevertheless, Duloxetine is not recommended for treatment of neuropathic pain, and the injured worker has not been diagnosed of any of the conditions the medication MTUS recommends it to be used for. The request is not medically necessary.

#### **CM3, Ketoprofen 20%: 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): Topical Analgesics.

**Decision rationale:** The injured worker sustained a work related injury on 8-14-12. The medical records provided indicate the diagnosis of left shoulder acromioclavicular joint arthropathy, cervical facet arthropathy, cervical radiculitis, cervical myofascial strain, lumbar radiculitis, lumbar myofascial strain, lumbago, lumbar degenerative disc disease, cervical degenerative disc disease, thoracic (HNP) herniated nucleus pulposus, left shoulder degenerative disc disease, left SLAP lesion, left biceps tenosynovitis and left shoulder pain. Treatments have included Treatment to date has included oral medications including Cymbalta 30mg, Voltaren ER 100mg, Norco 5-325mg and Naproxen 550mg and topical Ketoprofen; 8 sessions of aqua therapy, 3 sessions of acupuncture therapy, 21 sessions of chiropractic-physiotherapy, left glenohumeral joint injection and activity modification. The medical records provided for review do not indicate a medical necessity for CM3, Ketoprofen 20%. The topical analgesics are largely experimental drugs primarily used in the treatment of neuropathic pain. The MTUS recommends that any compounded product that contains at least one drug (or drug class) that is not recommended. Ketoprofen is not a recommended topical analgesic; therefore, the requested treatment is not medically necessary.

**Lidocaine patch 5% #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The injured worker sustained a work related injury on 8-14-12. The medical records provided indicate the diagnosis of left shoulder acromioclavicular joint arthropathy, cervical facet arthropathy, cervical radiculitis, cervical myofascial strain, lumbar radiculitis, lumbar myofascial strain, lumbago, lumbar degenerative disc disease, cervical degenerative disc disease, thoracic (HNP) herniated nucleus pulposus, left shoulder degenerative disc disease, left SLAP lesion, left biceps tenosynovitis and left shoulder pain. Treatments have included Treatment to date has included oral medications including Cymbalta 30mg, Voltaren ER 100mg, Norco 5-325mg and Naproxen 550mg and topical Ketoprofen; 8 sessions of aqua therapy, 3 sessions of acupuncture therapy, 21 sessions of chiropractic-physiotherapy, left glenohumeral joint injection and activity modification. The medical records provided for review do not indicate a medical necessity for Lidocaine patch 5% #30. The topical analgesics are largely experimental drugs primarily used in the treatment of neuropathic pain. The MTUS recommends that any compounded product that contains at least one drug (or drug class) that is not recommended. Lidocaine patch is not a recommend as formulated; besides, the MTUS states that Lidocaine (as 5% Lidoderm patch) is only recommended for treatment of post herpetic neuralgia. The request is not medically necessary.