

<b>Case Number:</b>	CM15-0187851		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	12/09/2012
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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

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 50 year old male, who sustained an industrial injury on 12-9-12. The injured worker is being treated for complex regional pain syndrome, chronic left shoulder pain and degenerative joint disease of right shoulder. (EMG) Electromyogram of bilateral upper extremities performed on 4-23-15 was read as abnormal. Treatment to date has included right shoulder arthroscopic rotator cuff repair with subacromial decompression, biceps tenotomy and debridement; right shoulder injection (which provided no relief), oral medications including Hydrocodone (he feels 2 Norco per day are not adequate) and Cymbalta (he feels is markedly helpful for both the pain and attitude). On 9-2-15, the injured worker complains of significant pain in bilateral shoulders. Documentation did not include current level, pain level after medications or duration of pain relief. He is currently disabled. Physical exam performed on 9-2-15 revealed arm raise to approximately chest level and restricted range of motion of bilateral shoulders. The treatment plan included prescriptions for increased Hydrocodone-acetaminophen #120, continuation of Cymbalta 30mg (no quantity listed) and initiation of Gabapentin #90. On 9-16-15 a request for Hydrocodone #120 and Cymbalta 30mg was 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:

**Hydrocodone/Acetaminophen #120: 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 for chronic pain.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, despite the long term use of opioids, there is a lack of objective documentation of significant pain relief or functional improvement. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Hydrocodone/Acetaminophen #120 is not medically necessary.

**Cymbalta 30mg, unspecified quantity: 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 MTUS guidelines, Duloxetine (Cymbalta) is 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. There is no high quality evidence 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. In this case, there is a lack of objective documentation of significant pain relief or functional improvement with the use of Cymbalta. Additionally, there is no quantity information included with this request for Cymbalta. Therefore, the request for Cymbalta 30mg, unspecified quantity is not medically necessary.