

Case Number:	CM15-0197797		
Date Assigned:	10/13/2015	Date of Injury:	10/01/2012
Decision Date:	11/20/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 56 year old female who sustained a cumulative industrial injury on 10-01-2012. A review of the medical records indicated that the injured worker is undergoing treatment for bilateral carpal tunnel syndrome, medial and lateral epicondylitis and bilateral radicular neuropathy and chronic cervical radiculopathy. The injured worker is status post right carpal tunnel release in 11-2013 and left carpal tunnel release in 07-2014. According to the treating physician's progress report on 09-16-2015, the injured worker continues to experience neck and arm pain rated at 7 out of 10 on the pain scale. The injured worker also reported headaches with nausea. Examination of the neck demonstrated decreased range of motion with cervical flexion at 40 degrees, extension at 45 degrees and both eliciting neck pain. Bilateral lateral neck bend was 30 degrees each associated with a pulling sensation and bilateral rotation elicited stiffness in the neck. Spurling's maneuver elicited neck discomfort from the neck to the shoulders bilaterally. Motor strength of the deltoid, supraspinatus and triceps were documented at minus 5. Extensor digit and first dorsal interossei (Di) noted 4 out of 5 bilateral weaknesses. Abductor pollicis was within normal limits bilaterally. Electromyography (EMG) performed on 07-17-2015 with the official report was included in the review. Prior treatments have included diagnostic testing, surgery, hand therapy, work hardening program completed in 11-2014 and medications. Current medications were listed as Gabapentin (at least since 06-2015) and Cymbalta (prescribed in 05-2015). Treatment plan consists of Gabapentin 600 mg Qty 60, 2 tabs every night and Cymbalta 60 mg Qty 30, 1 tab daily. On 09-28-2015 the Utilization Review determined the requests for Gabapentin 600 mg Qty: 60 and Cymbalta 60 mg Qty: 30 were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 mg Qty 60, 2 tabs every night: Overturned

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

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

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in October 2012 and is being treated for neck pain with radicular symptoms. She underwent bilateral carpal tunnel release surgeries in November 2013 and July 2014. Electrodiagnostic in July 2015 included findings of cervical radiculopathy. When seen, she was having neck and arm pain. Medications included gabapentin and Cymbalta. Her gabapentin dose was 600 mg per day. Pain was rated at 7/10. Physical examination findings included decreased and painful cervical range of motion. There was neck pain with Spurling's testing. There was decreased upper extremity strength. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. In this case, the claimant's gabapentin dosing is less than that recommended without documented efficacy of this medication at the current dose. A titration is indicated and the requested dosing is consistent with an appropriate titration of this medication. She has cervical radicular pain. The requesting provider references a target dose of 1800 mg per day which is appropriate. The request is medically necessary.

Cymbalta 60 mg Qty 30, 1 tab daily: Overturned

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

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

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in October 2012 and is being treated for neck pain with radicular symptoms. She underwent bilateral carpal tunnel release surgeries in November 2013 and July 2014. Electrodiagnostic in July 2015 included findings of cervical radiculopathy. When seen, she was having neck and arm pain. Medications included gabapentin and Cymbalta. Her gabapentin dose was 600 mg per day. Pain was rated at 7/10. Physical examination findings included decreased and painful cervical range of motion. There was neck pain with Spurling's testing. There was decreased upper extremity strength. Cymbalta (duloxetine) is FDA-approved for anxiety, depression, diabetic

neuropathy, and fibromyalgia and is used off-label for neuropathic pain and radiculopathy. In this case, the claimant's medications also include gabapentin taken at a sub therapeutic dose. She has cervical radicular pain. Although there is no clear reason for prescribing Cymbalta without an adequate trial of gabapentin, guidelines recommend that, when prescribing medications, only one should be changed at a time. The claimant's gabapentin is being appropriately titrated and her Cymbalta should not be changed until she either benefits from or fails an adequate titration of gabapentin. If she benefits from gabapentin, then weaning of Cymbalta would be expected. Continued prescribing of Cymbalta is medically necessary.