

<b>Case Number:</b>	CM15-0197912		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	01/07/2015
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 58 year old female who sustained an industrial injury on 1-7-15. The diagnoses are noted as cervical radiculopathy, cervical degenerative disc disease, and cervical disc displacement. In an office visit note dated 8-10-15, the physician reports complaint of neck pain going all the way down both arms. Pain level has increased since the last visit and is reported as 10 out of 10 for a seven day average. Current medications are Lidoderm 5% patch, Metoprolol, Motrin 600 mg, Tramadol Hcl 50mg, Ultram 50mg and Valium 5 mg. Per the record, objective exam of the cervical spine reveals no tenderness and full flexion, extension and lateral bending are noted. Touch sensation is decreased over the bilateral C6 distribution. Previous treatment includes epidural steroid injection C5-C6 (5-15-15) with "good pain relief", medication (Ultram and Valium since at least 4-10-15), home exercise, MRI-cervical spine (3-13-15), urine toxicology screening (6-26-15) and acupuncture. A repeat cervical epidural steroid injection C5-C6 was certified on 9-2-15. On 9-25-15, the requested treatment of Ultram 50mg #100 with 2 refills was modified to Ultram 50mg #100 with 1 refill, Cymbalta 60mg #30 with 2 refills was modified to Cymbalta 60mg #30 with 1 refill, Valium 5mg #30 with 2 refills was modified to Valium 5mg #30 with no refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50 MG #100 with 2 Refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

**Decision rationale:** The claimant sustained a work injury in January 2015 while working as a Medical Assistant/Emergency Technician when she tripped and fell against a chair impacting her head, neck, right shoulder, and lumbar spine. She was seen for an initial evaluation by the requesting provider in February 2015. She was having bilateral shoulder pain, radiating right upper extremity pain, and intermittent swelling of the right first through third fingers with numbness and tingling. Her past medical history included fibromyalgia. She had pain rated at 5-6/10. Medications included tramadol and Valium. An MRI of the cervical spine in March 2015 included findings of mild multilevel canal stenosis. There was abnormal signal at C5/6 consistent with possible spinal cord contusion. A cervical epidural injection was done in May 2015. When seen, she had improved after the epidural injection. Physical examination findings included appearing in moderate distress. There was decreased cervical spine range of motion with positive right Spurling's testing. There was decreased shoulder range of motion with tenderness and positive drop arm testing. Pain medications were continued. Ultram (tramadol) is an immediate release short acting medication used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.

**Cymbalta 60 MG #30 with 2 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): Antidepressants for chronic pain, Duloxetine (Cymbalta).

**Decision rationale:** The claimant sustained a work injury in January 2015 while working as a Medical Assistant/Emergency Technician when she tripped and fell against a chair impacting her head, neck, right shoulder, and lumbar spine. She was seen for an initial evaluation by the requesting provider in February 2015. She was having bilateral shoulder pain, radiating right upper extremity pain, and intermittent swelling of the right first through third fingers with numbness and tingling. Her past medical history included fibromyalgia. She had pain rated at 5-6/10. Medications included tramadol and Valium. An MRI of the cervical spine in March 2015 included findings of mild multilevel canal stenosis. There was abnormal signal at C5/6 consistent with possible spinal cord contusion. A cervical epidural injection was done in May 2015. When seen, she had improved after the epidural injection. Physical examination findings included

appearing in moderate distress. There was decreased cervical spine range of motion with positive right Spurling's testing. There was decreased shoulder range of motion with tenderness and positive drop arm testing. Pain medications were continued. Cymbalta (duloxetine) can be recommended as a first-line option in the treatment of neuropathic pain and also in the treatment of fibromyalgia which is a referenced diagnosis. Prescribing Cymbalta was medically necessary. However, a reassessment after one month would be expected and a three month supply was provided. For this reason the request cannot be accepted as being medically necessary.

**Valium 5 MG #30 with 2 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

**Decision rationale:** The claimant sustained a work injury in January 2015 while working as a Medical Assistant/Emergency Technician when she tripped and fell against a chair impacting her head, neck, right shoulder, and lumbar spine. She was seen for an initial evaluation by the requesting provider in February 2015. She was having bilateral shoulder pain, radiating right upper extremity pain, and intermittent swelling of the right first through third fingers with numbness and tingling. Her past medical history included fibromyalgia. She had pain rated at 5-6/10. Medications included tramadol and Valium. An MRI of the cervical spine in March 2015 included findings of mild multilevel canal stenosis. There was abnormal signal at C5/6 consistent with possible spinal cord contusion. A cervical epidural injection was done in May 2015. When seen, she had improved after the epidural injection. Physical examination findings included appearing in moderate distress. There was decreased cervical spine range of motion with positive right Spurling's testing. There was decreased shoulder range of motion with tenderness and positive drop arm testing. Pain medications were continued. Valium (diazepam) is a benzodiazepine which is not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly, within 3 to 14 days and tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Recent research also suggests that the use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease. Gradual weaning is recommended for long-term users. Continued prescribing is not medically necessary.