

<b>Case Number:</b>	CM15-0207690		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	08/20/2004
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, 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:

This is a 59-year-old female with a date of industrial injury 8-20-2004. The medical records indicated the injured worker (IW) was treated for other chronic pain; cubital tunnel syndrome; and lesion of the ulnar nerve. In the progress notes (8-5-15, 9-29-15), no subjective complaints were reported. The IW reported upper extremity pain on 5-15-15. On examination (8-5-15, 9-29-15 notes), Tinel's sign was positive over the ulnar nerve at the elbow and there was reduced sensation to touch and pin in the ulnar distribution. There was pain and numbness in the ulnar nerve distribution in the left upper extremity. Treatments included injection of the ulnar nerve at the cubital tunnel (left or right was not indicated), without benefit and left ulnar nerve radiofrequency denervation (3-20-15), with benefit. Medications included Cymbalta (since at least 5-2015) and Tramadol (since at least 5-2015). The IW was working without restrictions. Electrodiagnostic testing of the upper extremities on 7-8-15 was consistent with right cubital tunnel syndrome. The IW's subjective complaints of pain and the pain levels were rarely documented in the records reviewed. There was no information to confirm the efficacy of the medications for her pain and functional status. A Request for Authorization dated 9-29-15 was received for Cymbalta 30mg #30 plus 1 refill and Tramadol HCl ER 100mg #30. The Utilization Review on 10-5-15 non-certified the request for Cymbalta 30mg #30 plus 1 refill and modified the request for Tramadol HCl ER 100mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 30mg #30 plus 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

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

**Decision rationale:** Cymbalta 30 mg #30 plus 1 refill is not medically necessary. Per CA MTUS, 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. (Dworkin, 2007) No high quality evidence is reported to support the use of Duloxetine for lumbar radiculopathy. (Dworkin, 2007) More studies are needed to determine the efficacy of Duloxetine for other types of neuropathic pain. The medical records do not appropriately address whether the claimant has depression associated with chronic pain through psychological evaluation. Additionally there was no documentation that the enrollee failed Tricyclics, which is recommended by Ca MTUS as first line therapy, therefore is not medically necessary.

**Tramadol HCL ER 100mg #30:** 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): Opioids for chronic pain.

**Decision rationale:** Tramadol ER 100mg #30 is not medically necessary. Tramadol is a centrally-acting opioid. Per MTUS page 83, opioids for osteoarthritis are recommended for short-term use after failure of first line non-pharmacologic and medication option including Acetaminophen and NSAIDS. Additionally, Page 79 of MTUS guidelines states that weaning of opioids are recommended if; (a) There are no overall improvement in function, unless there are extenuating circumstances. (b) Continuing pain with evidence of intolerable adverse effects. (c) Decrease in functioning. (d) Resolution of pain. (e) If serious non-adherence is occurring. (f) The patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the claimant continued to report pain. Given Tramadol is a synthetic opioid, its use in this case is not medically necessary. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid and all other medications, therefore is not medically necessary.