

<b>Case Number:</b>	CM15-0021237		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	02/01/2013
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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 27 year old female veterinarian, who sustained an industrial injury on February 1, 2013. She has reported a repetitive injury while performing her usual and customary job duties. She experienced pain in her elbows, hands and forearms. The diagnoses have included bilateral upper extremity overuse syndrome, cervical spine muscle spasm and bilateral upper extremity neuropathic pain. Treatment to date has included diagnostic studies, splints, braces, unsuccessful aqua therapy, successful TENS unit use, chiropractic treatment, physical therapy, successful acupuncture sessions and medications (including bromocriptine, Vicodin, gabapentin, Cymbalta, Lodine, Polar Frost, Nucynta, Percocet, Voltaren Gel, naproxen, Norco, Ultram and orphenadrine). She receives deep tissue massages at her chiropractor's office, which she finds very helpful. Currently, the injured worker complains of symptoms related to thoracic outlet syndrome. She reported that she has no use of her upper extremities and finds it difficult to drive. She rated her pain level as a 6 on a 1-10 pain scale. Her pain is worse at the end of the day. Activity limitations include lifting, crawling, jumping, carrying, running, pushing, repetitive motion and repetitive climbing. On January 5, 2015, Utilization Review non-certified Orphenadrine Citrate ER 100mg #60, Voltaren Gel 1%, Duloxetine 60mg #30 and Ultram ER 100mg #60, noting the CA MTUS and Official Disability Guidelines. On January 30, 2015, the injured worker submitted an application for Independent Medical Review for review of Orphenadrine Citrate ER 100mg #60, Voltaren Gel 1%, Duloxetine 60mg #30 and Ultram ER 100mg #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Ultram ER 100mg # 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Opioids Page(s): 60, 74-96.

**Decision rationale:** Ultram (tramadol) an opioid pain medication used to treat moderate to moderately severe pain with usual dosing every 6-8 hours. It acts by binding to the opioid receptor but it also inhibits the reuptake of serotonin and norepinephrine. Because of this second activity it must be used cautiously in patients taking serotonin reuptake inhibitor medications as the combined medications may precipitate a life-threatening serotonin syndrome event. Studies have shown the effectiveness of this medication to control pain for up to three months but there are no long-term studies available showing effectiveness of chronic use. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have criteria for the safe use of chronic opioids. The provider is appropriately following this patient, has requested urine drug screenings and has documented 50% improvement in pain with use of her medications. Furthermore, she is on a stable dose of pain medications. There is no documented contraindication for continued use of this medication. However, caution should be used in someone also taking duoxetine as there is a health risk associated with stimulating serotonin syndrome. Medical necessity has been established.

### **Orphenadrine Citrate ER 100mg # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-6.

**Decision rationale:** Orphenadrine is classified as a sedating antispasmodic skeletal muscle relaxant. It is recommended to be used two times per day. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility. Muscle relaxants as a group, however, are recommended for short-term use only, as their efficacy appears to diminish over time and they may actually hinder return to function. Muscle relaxants are considered no more effective at pain control than non-steroidal anti-inflammatory medication (NSAIDs) and there is no study that shows combination therapy of NSAIDs with muscle relaxants has a demonstrable benefit. Additionally, orphenadrine has been reported in case

studies to be abused due to a euphoria effect. This patient has been on orphenadrine therapy for over 6 months and she continues to experience muscle spasms despite being on the maximum dosing schedule. Since there is no documented effect from this medication that would suggest its chronic use is improving the patient's mobility, medical necessity for continued use of this medication has not been established.

**Voltaren Gel 1%: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs); Topical Analgesics Page(s): 67-73, 113-6.

**Decision rationale:** Diclofenac Sodium 1% Gel is a non-steroidal anti-inflammatory (NSAIDs) medication formulated for topical use. The systemic form of this medication is indicated for treatment of mild to moderate pain. Topical NSAIDs have been effective in short-term use trails for chronic musculoskeletal pain but long-term use has not been adequately studied. In general, the use of topical agents to control pain is considered an option by the MTUS although it is considered largely experimental, as there is little to no research to support their use. Topical NSAIDs are primarily recommended for treatment of osteoarthritis and tendonitis. This patient has been diagnosed with tendon abnormalities in her upper extremities. Use of her medications has been documented to decrease her pain by 50%. There are no contraindications for continued use of this preparation. Medical necessity for use of this preparation has been established.

**Duloxetine 60mg # 30: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, 402, Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16, 42-4.

**Decision rationale:** Cymbalta (duloxetine) is a serotonin-norepinephrine reuptake inhibitor (SNRI) indicated for the treatment of major depressive disorder, generalized anxiety disorder (GAD), fibromyalgia and neuropathic pain. The MTUS recommends tricyclic and SNRI antidepressants as a first line option for control of neuropathic pain and tricyclics as a possibility for treatment of non-neuropathic pain. Studies have shown that pain relief from Cymbalta is greater in patients with comorbid depression. This patient reports 50% improvement in her pain from her medications which includes Cymbalta although she has not been diagnosed with comorbid depression. The only contraindication for continued use is the caution of its use in someone also taking tramadol as there is a health risk associated with stimulating serotonin syndrome. This should not occur as her dose of each of these medications is stable. Medical necessity has been established.

