

Case Number:	CM15-0024108		
Date Assigned:	02/13/2015	Date of Injury:	08/09/2002
Decision Date:	04/02/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/09/2015

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: Physical Medicine & Rehabilitation

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 38 year old female, who sustained an industrial injury on August 9, 2002. The diagnoses have included sprain/strain lumbar region, degenerative joint disease, question of cubital tunnel syndrome, reflex sympathetic dystrophy, foot drop right, sprain/strain lumbosacral, ulnar neuropathy elbow, lumbar radiculopathy left, degenerative disc disease lumbar, ankle pain chronic and question of peripheral neuropathy. Treatment to date has included oral and topical pain medication. Currently, the injured worker complains of left ankle and bilateral lumbar and bilateral lower extremity pain, the pain in left ankle and elbow are constant and she has right ankle weakness, the pain is described as being sharp, throbbing, numbness, pressure, electrical/shooting, cramping, weakness and spasm. In a progress note dated December 30, 2012, the treating provider reports the injured worker has in the lumbar/sacral exam tenderness to palpation in L4-L5, left lumbar spasm, gait antalgic and weakness, positive Tinel's. On January 13, 2015 Utilization Review non-certified a Cymbalta 30mg quantity 60 with 3 refills, and Trazodone HCL 100mg quantity 60 with 3 refills, noting, Medical Treatment Utilization Schedule Guidelines and Official Disability Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #60 x 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Duloxetine (Cymbalta) Page(s): 16-17.

Decision rationale: The 38 year old patient presents with left ankle and elbow pain along with right ankle weakness and increasing left lumbar and calf cramping, as per progress report dated 11/20/14. The request is for Cymbalta 30 mg # 60 x 3 refills. The RFA for the case is dated 11/23/14, and the patient's date of injury is 08/09/02. The pain is rated at 5/10, as per progress report dated 11/20/14. Medications include Cymbalta and Trazodone. The patient is status post left ulnar reposition and also suffers from depression due to pain. Diagnoses included lumbar sprain/strain, degenerative joint disease, cubital tunnel syndrome, reflex sympathetic dystrophy, right foot drop, ulnar neuropathy of elbow, left lumbar radiculopathy, and ankle pain. The patient is allowed to work with restrictions. For Cymbalta, the MTUS Guidelines page 16 and 17 states, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used for off-label neuropathic pain and radiculopathy. Duloxetine is recommended as a first line option for diabetic neuropathy." In this case, a prescription for Cymbalta is noted in progress report dated 01/02/14, and the patient has been using the medication consistently at least since then. In progress report dated 07/17/14, the treater states that Cymbalta is "helping her moods and reducing her pain by 50%." The patient has been diagnosed with left lumbar radiculopathy and ulnar neuropathy. Given the diagnoses and the documented efficacy, the request IS medically necessary.

Trazodone HCL 100mg #60 x 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness and Stress, Insomnia.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines stress/mental chapter, Trazodone.

Decision rationale: The 38 year old patient presents with left ankle and elbow pain along with right ankle weakness and increasing left lumbar and calf cramping, as per progress report dated 11/20/14. The request is for Trazodone HCL 100 mg # 60 X 3 refills. The RFA for the case is dated 11/23/14, and the patient's date of injury is 08/09/02. The pain is rated at 5/10, as per progress report dated 11/20/14. Medications include Cymbalta and Trazodone. The patient is status post left ulnar reposition and also suffers from depression due to pain. Diagnoses included lumbar sprain/strain, degenerative joint disease, cubital tunnel syndrome, reflex sympathetic dystrophy, right foot drop, ulnar neuropathy of elbow, left lumbar radiculopathy, and ankle pain. The patient is allowed to work with restrictions. ODG Guidelines, stress/mental chapter, for Trazodone, has the following to say "Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See also Insomnia treatment, where it says there is limited evidence to support its use for insomnia, but it

may be an option in patients with coexisting depression." In this case, a prescription for Trazodone was first noted in progress report dated 03/20/14, and the patient has been taking the medication consistently at least since then. In progress report dated 07/17/14, the treater states that the patient uses Trazodone for sleep. In progress report dated 11/20/14, the patient also complains of depression. ODG guidelines allow the use of Trazodone in patients with sleep disturbances and coexisting depression. Hence, this request IS medically necessary.