

<b>Case Number:</b>	CM15-0222346		
<b>Date Assigned:</b>	11/18/2015	<b>Date of Injury:</b>	11/02/1999
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 56-year-old female, who sustained an industrial injury on 11-2-99. The documentation on 10-12-15 noted that the injured worker has complaints of upper extremity pain. The pain is aggravated by activity and walking. The pain has lower extremity pain is bilaterally in the hips, in the legs and legs. The pain is aggravated by activity and walking. The pain is rated as 7 out of 10 with medications and 10 out of 10 without medications. Lower extremity examination revealed tenderness noted on palpation at the right knee and positive allodynia about right knee associated with allodynia in the bilateral lower extremities. Bilateral hips X-rays on 4-23-15 revealed no bony abnormality, right and left hip and postsurgical changes in lower lumbar spine, L5-S1 (sacroiliac) laminectomy and bony fusion. The diagnoses have included bilateral hip pain and complex regional pain syndrome (CRPS) right upper extremity. Treatment to date has included tramadol; nucynta and home exercise program. The documentation noted that the injured worker has been on tramadol and cymbalta since at least 5-11-15. The original utilization review (10-30-15) non-certified the request for percutaneous lumbar spinal cord stimulator trial. The request for cymbalta 60mg, #60 has been modified to cymbalta 60mg #30. The request for tramadol 50mg, #90 has been modified to tramadol 50mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Percutaneous lumbar spinal cord stimulator trial: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators), Spinal cord stimulators (SCS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rosenquist EWK, et al. Overview of the treatment of chronic pain. Topic 2785, version 54.0. UpToDate, accessed 12/29/2015.

**Decision rationale:** Spinal cord stimulation involves an implanted device that effects how some nerves respond to pain. The MTUS Guidelines are silent on this issue. The literature supports its use after an appropriate temporary screening trial in some cases of neuropathic pain that is related to a nerve or nervous system injury, failed back surgery syndrome, and type 1 chronic regional pain syndrome, among other issues. The submitted and reviewed documentation indicated the worker was experiencing pain in the arms and legs, problems walking, and head pains. These records concluded the worker was suffering from type 1 chronic regional pain syndrome, among other issues. While similar trial at least a decade ago did not sufficiently control the worker's function, the technology for this treatment had advanced since that time. In light of this supportive evidence, the current request for a percutaneous lumbosacral spinal cord stimulator trial is medically necessary.

### **Cymbalta 60mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Complex Regional Pain Syndrome (CRPS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Duloxetine (Cymbalta). Decision based on Non-MTUS Citation Duloxetine: Drug information. Topic 8484, version 170.0. UpToDate, accessed 12/29/2015.

**Decision rationale:** The MTUS Guidelines support the use of Cymbalta (duloxetine) for the management of some types of chronic pain. The literature has demonstrated good results with the use of duloxetine to manage fibromyalgia, and the FDA has approved the medication as first line treatment for anxiety, depression, and diabetic neuropathy. There is some evidence to support its use for the treatment of neuropathy not caused by diabetes and of radiculopathy overall. However, more information is needed to support its use longer than twelve weeks. In addition, the guidelines and literature specifically do not support the use of duloxetine for lumbar radiculopathy. The Guidelines recommend that regular assessments during treatment should include descriptions of pain outcomes, function, changes in the use of other pain medications, sleep quality and duration, psychologic assessments, and side effects. The submitted and reviewed documentation indicated the worker was experiencing pain in the arms and legs, problems walking, and head pains. While the documented pain assessments did not include all of the criteria encouraged by the Guidelines, the majority were. However, there was no discussion detailing how the worker benefitted from the use of this medication or describing special circumstances that sufficiently supported this request for a higher dose than is routinely needed. In the absence of such evidence, the current request for sixty capsules of Cymbalta (duloxetine) 60mg is not medically necessary.

**Tramadol 50mg, #90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, specific drug list, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

**Decision rationale:** Tramadol is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts, use and of drug screening with issues of abuse or addiction. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, an individualized taper is recommended. The submitted and reviewed records indicated the worker was experiencing pain in the arms and legs, problems walking, and head pains. While the pain assessments did not include all of the elements recommended by the Guidelines, many were documented. These records suggested this medication significantly improved the worker's pain intensity and function. In light of this supportive evidence, the current request for 90 tablets of tramadol 50mg is medically necessary.