

<b>Case Number:</b>	CM15-0034313		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	10/10/2012
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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 59-year-old female, who sustained an industrial injury on 10/10/2012. The diagnoses have included rotator cuff tear to right shoulder, left shoulder and right wrist sprain/strain, status post-surgical repair right rotator cuff, neck pain, right wrist pain, and low back pain. Noted treatments to date have included shoulder surgery, physical therapy, and medications. No MRI report noted in received medical records. In a progress note dated 12/18/2014, the injured worker presented with complaints of bilateral shoulder and mid cervical spine pain. The treating physician reported decreased range of motion and tenderness to both shoulders and cervical spine. Utilization Review determination on 01/28/2015 non-certified the request for Trazodone 100mg #60 and Cymbalta 60mg #60 citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressant medications Page(s): 13-15. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Insomnia.

**Decision rationale:** Based on the 11/12/14 progress report, the patient presents with bilateral shoulder and mid cervical spine pain. The request is for TRAZADONE 100MG #60. The patient's diagnoses includes rotator cuff tear to right shoulder, left shoulder and right wrist sprain/strain, status post-surgical repair right rotator cuff, neck pain, right wrist pain, and low back pain. Patient's current medications include Trazadone and Cymbalta per treater report, 11/12/14. The patient is temporarily very disabled. Regarding anti-depressants, MTUS Guidelines, page 13-15, Chronic Pain Medical Treatment Guidelines: Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. ODG guidelines Pain Chapter, under Insomnia have the following regarding Amitriptyline: "Sedating antidepressants -e.g., amitriptyline, trazodone, mirtazapine have also been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression." Treater has not provided a reason for the request. MTUS guidelines state Trazadone is indicated for depression, insomnia, and neuropathic pain. None of the reports discusses the patient's insomnia or concurrent depression. There is no discussion regarding medication's efficacy either. The request IS NOT medically necessary.

**Cymbalta 60mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-17.

**Decision rationale:** Based on the 11/12/14 progress report, the patient presents with bilateral shoulder and mid cervical spine pain. The request is for CYMBALTA 60MG #60. The patient's diagnoses includes rotator cuff tear to right shoulder, left shoulder and right wrist sprain/strain, status post-surgical repair right rotator cuff, neck pain, right wrist pain, and low back pain. Patient's current medications include Trazadone and Cymbalta per treater report, 11/12/14. The patient is temporarily very disabled. 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." Treater has not provided a reason for the request. MTUS guidelines state "Cymbalta is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia." None of which are mentioned in patient's reports. Progress reports provided indicate the patient has been prescribed Cymbalta only on treater report 11/12/14. Treater has not provided documentation of pain relief or functional improvement attributed to this medication and there is no mention of medication efficacy. There

is no diagnosis of psychiatric problems and neuropathic pain for which Cymbalta is indicated, the request IS NOT medically necessary.