

<b>Case Number:</b>	CM15-0036708		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	09/17/2002
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 57 year old male, who sustained an industrial injury on 9/17/02. On 2/26/15, the injured worker submitted an application for IMR for review of Cymbalta 60 mg #30 with 2 refills, and Methadone 10 mg #90 with 2 refills. The treating provider has reported the injured worker complained of swelling, burning sensation and getting worse at left wrist. The injured worker is a status post carpal tunnel release with a repeat resection of mass dorsum left wrist surgery (12/08 and again in 2011). The diagnoses have included chronic pain syndrome, complex regional pain syndrome, adjustment disorder, carpal tunnel syndrome; chronic synovitis. Treatment to date has included EMG/NCV upper extremities (5/08); carpal tunnel releases (no date); status post resection of mass dorsum left wrist surgery (12/08 and again in 2011); cervical spinal cord stimulator (2010); MRI left hand/wrist (3/11/09); medications. On 2/3/15, Utilization Review MODIFIED to Cymbalta 60 mg #30 NO refills and Methadone 10 mg #90 NO refills. The MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60 mg #30 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13-14.

**Decision rationale:** Cymbalta is an SNRI antidepressant. Antidepressants are an option, but there are no specific medications that have been proven in high quality studies to be efficacious for treatment of lumbosacral radiculopathy. SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition. The claimant had been on Cymbalta for several months. The claimant's pain has been stable while on Cymbalta, Methadone and Norco. The claimant has a spinal cord stimulator and was noted to have "horrible pain without it." The pain relief from Cymbalta was not objectively observed in a weaning trial. The continued use is not supported by clinical evidence as the claimant has been stationary for several months. Continued Cymbalta use with 2 refills is not medically necessary.

**Methadone 10 mg #90 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61.

**Decision rationale:** According to the guidelines, Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. It is only FDA-approved for detoxification and maintenance of narcotic addiction. In this case, there is no indication of need for detoxification or narcotic addiction. The claimant had been on Methadone for several months. The claimant's pain has been stable while on Cymbalta, Methadone and Norco. The claimant has a spinal cord stimulator and was noted to have "horrible pain without it." The pain relief from Methadone was not objectively observed in a weaning trial or Methadone and/or Norco. The continued use is not supported by clinical evidence as the claimant has been stationary for several months. Continued Methadone use with 2 refills is not medically necessary.