

<b>Case Number:</b>	CM14-0119938		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/02/2008
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a male with date of injury 7/2/2006. Per progress note dated 6/2/2014, the injured worker complains of pain in the neck, left upper extremity and head. He has been experiencing this pain for eight years. He describes the pain as constant, sharp, shooting and stabbing. The pain radiates to the left upper arm and averages 6/10 intensity. The pain is made worse by changing positions, increased activity, lifting and movement, whereas it gets better by injections and taking medications. Pain level without medications is 8-10/10. On examination there is worsening contracture of the wrist in the flexion position with hyperalagia and hyperpathia. Diagnoses include 1) causalgia of upper limb 2) other complicated headache syndrome 3) neuronal hearing loss bilateral 4) testicular hypo function 5) unspecified sleep apnea 6) chronic pain due to trauma 7) other chronic postoperative pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 15 mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The requesting physician explains that the injured worker has significant breakthrough pain in the left upper extremity with worsening contractures. Medication slightly controls his severe pain level, but still has significant painful dysfunction. The requesting physician is considering other treatment options, but at present the medications prescribed are the primary treatment. The requesting physician reports that the injured worker is compliant with a medication agreement, urine screen toxicology compliance, drug monitoring program compliance, improved function by greater than 50 percent, no unmanaged side effects, no tolerance and no evidence of aberrant behavior. This statement however is not supported by the rest of the progress report and other medical reports provided for review. Urine drug screen report dated 4/17/2014 notes that oxycodone is not detected although it is a reported medication. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Oxycodone 15 mg tabs 1-2 tabs every 6 hours as needed #150 is determined to not be medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain section Page(s): 13-16.

**Decision rationale:** The MTUS Guidelines recommended the use of antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. Cymbalta is a SNRI that is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is used off label for neuropathic pain and radiculopathy. With the use of Cymbalta, the requesting physician has plans to reduce Depakote use. The injured worker has neuropathic pain that may benefit from the use of Cymbalta. The request for Cymbalta 30mg #60 with 2 refills is determined to be medically necessary.

**Depakote 500mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation DRUGS.COM

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/depakote.html>

**Decision rationale:** The requesting physician reports that Depakote causes too much sedation and negative effects on his thought process. The use of Depakote has been discouraged, especially in light of having Cymbalta authorized. The use of Depakote will only be used in the evenings. The injured worker is to discuss this plan with a neurologist. Depakote is not addressed by the MTUS Guidelines or in the ODG Pain Chapter. Per drugs.com, Depakote is may be useful for the treatment of seizure disorders, mania, and migraine headache prophylaxis. Depakote was recommended at a dose of 500 mg twice daily for headache prophylaxis on 4/11/2014 during a neurology consultation. The requesting physician's plan to reduce treatment to 500 mg once daily, to be used in the evenings only, is reasonable and medically necessary. However, this is a 30 day request of medication to be used once daily as needed, and 60 tablets are requested. Medical necessity of this number of tablets has not been established. The request for Depakote 500 mg tablet delayed release 1 tablet every night PRN for 30 days #60 is determined to not be medically necessary.