

<b>Case Number:</b>	CM14-0134631		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	01/09/2012
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas & Oklahoma. 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:

The injured worker is a 49-year-old male who reported an injury on 01/09/2012 due to a cumulative trauma. The diagnosis was cervical radiculopathy. Past treatments were chiropractic, physical therapy, epidural steroid injections, and acupuncture. Diagnostic studies were an MRI of the cervical spine and an EMG. Surgical history was not reported. The physical examination on 06/18/2014 revealed pain in the right elbow and the cervical spine. Examination of the cervical spine revealed range of motion was full extension with pain; full flexion was without pain, and full bilateral rotation. Special tests revealed a negative Spurling's test. Palpation to the spine revealed no midline tenderness and there were moderate paravertebral spasms on the right. The motor examination revealed loss of wrist extension on the right. The sensory examination revealed decreased sensation over the dorsum of the right hand. Medications were Zanaflex 4 mg, Cymbalta 60 mg, Xanax 0.5 mg, and tramadol 50 mg. Treatment plan was for medications as directed. The rationale and Request for Authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 Mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 119.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing Management Page(s): 78 82,93,94,113,.

**Decision rationale:** The California Medical Treatment Utilization Schedule states central analgesic drugs such as tramadol (Ultram) are reported to be effective in managing neuropathic pain and are not recommended as a first line oral analgesic. The medical guidelines recommend that there should be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

**Zanaflex 4 Mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine Page(s): 66.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend tizanidine (Zanaflex) as a non-sedating muscle relaxant with caution as a second line option for short term treatment of acute exacerbations in injured workers with chronic low back pain. The injured worker was started on Zanaflex in 06/2014. This medication is to be used as a short term treatment. Also, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.

**Cymbalta 60mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants for Chronic Pain Page(s): 14-15.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, Selective Serotonin and Norepinephrine Reuptake Inhibitors Page(s): 15.

**Decision rationale:** The California Medical Treatment Utilization Schedule states duloxetine (Cymbalta) is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is used off label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first line option for diabetic neuropathy. No high quality evidence has been reported to support the use of duloxetine for lumbar radiculopathy. More studies are needed to determine efficacy of duloxetine for other types of neuropathic pain. Duloxetine can worsen diabetic control in some patients. It also causes sexual dysfunction. This request does not indicate a frequency for the medication. Therefore, it is not medically necessary.