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| <b>Case Number:</b>   | CM15-0122285 |                              |            |
| <b>Date Assigned:</b> | 07/06/2015   | <b>Date of Injury:</b>       | 04/02/2008 |
| <b>Decision Date:</b> | 07/31/2015   | <b>UR Denial Date:</b>       | 06/03/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/24/2015 |

### 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 53 year old male, who sustained an industrial injury on 4/2/08. The diagnoses have included shoulder pain, left shoulder impingement and psychosis. Treatment to date has included medications, physical therapy, acupuncture, and other modalities. Currently, as per the physician progress note dated 5/19/15, the injured worker complains of shoulder pain and shoulder surgery has been recommended. It is noted that the injured worker spoke with the orthopedic physician and he feels that the shoulder pain is coming from the nerves from the cervical spine and bone spur. The objective findings reveal increased range of motion by 30 percent, the pain score is down by 25-30 percent, and sleeping has improved. The pain score ranges from 5-7/10 on pain scale. The physician requested treatments included Ritalin 10mg quantity 18 and Cymbalta 60mg quantity of 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ritalin 10mg quantity 18:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head, Methylphenidate.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Dependence & Addiction, page 86. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA and National Clearinghouse Guideline, Use of Ritalin for Attention-deficit hyperactivity disorder (ADHD), narcolepsy, traumatic brain disorder. Rxlist Ritalin in class with high potential for abuse and prolonged use may lead to drug dependency.

**Decision rationale:** The Guidelines have no specific recommendation for Ritalin, a central nervous system stimulant, but does note stimulants under Opiates, Dependence and Addiction, as a serious substance for misuse along with cocaine and amphetamines. Significant side effects and drug warnings include sudden death and serious cardiovascular events such as cardiomyopathy, heart rhythm abnormalities, myocardial infarction, and stroke. FDA and manufacturer list Ritalin in the treatment option for diagnoses of Attention-Deficit Hyperactivity Disorder (ADHD) and Narcolepsy, not documented here. Particular care should be taken while using stimulants with comorbid seizure history, bipolar illness, drug dependence or alcoholism, peripheral vasculopathy, and visual disturbances. Submitted reports have not adequately demonstrated any specific clear indication, clinical findings, or ADLs limitations to support the use of Ritalin under the patient's listed diagnoses. The Ritalin 10mg quantity 18 is not medically necessary and appropriate.

**Cymbalta 60mg quantity 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14; 15-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants, Page 15.

**Decision rationale:** Per MTUS Chronic Treatment Pain Guidelines, selective serotonin reuptake inhibitors (SSRIs) such as Cymbalta (Duloxetine, a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline), are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain; however, more information is needed regarding the role of SSRIs and pain. Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia; Used off-label for neuropathic pain and radiculopathy; and is recommended as a first-line option for diabetic neuropathy; however, no high quality evidence is reported to support the use of duloxetine for musculoskeletal disorders and more studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. Submitted reports have not adequately shown any previous failed trial of TCA or other first-line medications without specific functional improvement from treatment already rendered. The Cymbalta 60mg quantity 30 is not medically necessary and appropriate.