

Case Number:	CM15-0148439		
Date Assigned:	10/26/2015	Date of Injury:	04/15/2011
Decision Date:	12/07/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	07/31/2015

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 51 year old male with a date of injury on 04-15-2011. The injured worker is undergoing treatment bilateral repetitive strain injury with bilateral carpal tunnel syndrome-status post release-healed with residuals, bilateral medial and lateral epicondylitis, and bilateral generalized flexor and extensor tenosynovitis, diabetes and lumbar post laminectomy syndrome. A physician progress note dated 07-24-2015 documents the injured states his pain has increased and he rates his pain as a 5 out of 10 on medications and his pain is rated 8 out of 10 without medications. His quality of sleep is fair. On examination, his cervical spine shows paravertebral muscles hypertonicity, spasm, tenderness and a tight muscle band noted on both sides. His lumbar spine range of motion is restricted with positive lumbar facet loading on both sides. Bilateral shoulders reveal Hawkin's test is positive. There is tenderness in the subdeltoid bursa. Both Phalen's sign, Tinel's sign is positive and there is tenderness to palpation over the radial side and ulnar side. His activity has increased. His medications are working well with no side effects. With his medications he is able to get in and out of bed, bathe, dress, walk, drive, ride a bike, is able to control his depression, and is more physically active. Without his medications he is unable to do any physical activities. Treatment to date has included diagnostic studies, medications, physical therapy, acupuncture, chiropractic treatment, biofeedback therapy, psychotherapy, one lumbar epidural steroid injection, a Functional Restoration Program, status post carpal tunnel release to the left in September of 2011, and right carpal tunnel release in September of 2011. Current medications include Cymbalta (since at least 02-11-2015), Lyrica (since at least 02-11-2015), Trazadone (since at least 02-11-2015), Norco (since at least 02-11-

2015) and Atorvastatin. Gabapentin has been stopped. The Request for Authorization dated 07-24-2015 includes Cymbalta 80mg QTY: 30 with 1 refill, Lyrica 75mg QTY: 120 with 1 refill, and Trazodone 50mg QTY: 15 with 1 refill. On 07-30-2015 Utilization Review non-certified the request for Cymbalta 80mg QTY: 30 with 1 refill. Lyrica 75mg QTY: 120 with 1 refill was modified to Lyrica 75mg QTY 120 with no refills. Trazodone 50mg QTY: 15 with 1 refill was modified to Trazodone 50mg QTY 15 with 0 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 80mg QTY: 30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: Review indicates treatment to date has included diagnostic studies, medications, physical therapy, acupuncture, chiropractic treatment, biofeedback therapy, psychotherapy, one lumbar epidural steroid injection, a Functional Restoration Program, status post carpal tunnel release to the left in September of 2011, and right carpal tunnel release in September of 2011. Current medications include Cymbalta since at least 02-11-2015. 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 lumbar syndrome and more studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. There is no mention of previous failed trial of TCA or other first-line medications and without specific improvement in clinical findings, medical necessity has not been established. The Cymbalta 80mg QTY: 30 with 1 refill is not medically necessary and appropriate.

Trazodone 50mg QTY: 15 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: Review indicates treatment to date has included diagnostic studies, medications, physical therapy, acupuncture, chiropractic treatment, biofeedback therapy, psychotherapy, one lumbar epidural steroid injection, a Functional Restoration Program, status post carpal tunnel release to the left in September of 2011, and right carpal tunnel release in September of 2011. Current medications include Trazodone since at least 02-11-2015. Trazodone hydrochloride (Desyrel) is an antidepressant chemically unrelated to tricyclic, tetracyclic, or other known antidepressant agents and is indicated for diagnosis of major depression. MTUS Medical Treatment Guidelines recommend antidepressant as a first line option for neuropathic and possibly for non-neuropathic chronic pain, but has no specific recommendation for Trazodone. Tolerance may develop and rebound insomnia has been found even after discontinuation from use; however, Trazodone may be an option in patients with coexisting diagnosis of major depression, which has not been established here. Submitted reports have not demonstrated outcome benefit nor are there identified efficacy in terms of increased functional ability, increased ADLs, decreased VAS scores, decreased pharmacological dependency or medical utilization derived from the previous treatment rendered for this chronic 2011 injury. The Trazodone 50mg QTY: 15 with 1 refill is not medically necessary and appropriate.

Lyrica 75mg QTY: 120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Review indicates treatment to date has included diagnostic studies, medications, physical therapy, acupuncture, chiropractic treatment, biofeedback therapy, psychotherapy, one lumbar epidural steroid injection, a Functional Restoration Program, status post carpal tunnel release to the left in September of 2011, and right carpal tunnel release in September of 2011. Current medications include Lyrica since at least 02-11-2015. Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. This anti-epileptic medication may be helpful in the treatment of radiculopathy and would be indicated if there is documented significant benefit. It appears the medication has been prescribed for quite some time; however, there is no documented functional improvement as the patient continues with constant severe significant pain level and remains functionally unchanged for this chronic injury. Submitted medical report has not adequately demonstrated indication and functional benefit to continue ongoing treatment with this anti-epileptic. The Lyrica 75mg QTY: 120 with 1 refill is not medically necessary and appropriate.