MAXIMUS Federal Services

Case Number:	CM15-0176135		
Date Assigned:	09/17/2015	Date of Injury:	09/12/2013
Decision Date:	10/27/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/08/2015

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, North Carolina
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 25 year old female who sustained an industrial injury on 9-12-13. Diagnoses are noted as hand pain and wrist pain. Previous treatment includes physical therapy, behavioral pain management group psychotherapy, medication, a functional capacity evaluation 7-27-15, nerve conduction study, and (TENS) transcutaneous electrical nerve stimulation. A progress report dated 7-24-15 notes pain level with medications is rated at a level of 1 out of 10 and without medication is at 5 out of 10. Activity level has remained the same. "Lyrica is working well for her. She has some sleepiness with Lyrica at times but she thinks that this is because she takes the medications a little late." It is noted that she is stable and has improved quality of life and increased capability for daily activities with the medication regimen. With medications, she can perform household tasks and self care for 30-45 minutes or greater at a time. Without medications she cannot perform these tasks or is limited to 10 minutes or less. In a progress report dated 8-21-15, the physician notes her pain level has increased since her last visit. Pain with medications is rated at a level of 2 out of 10 and without medications at 4 out of 10. "Quality of sleep is fair" and "her activity level has decreased." Current medications are Lyrica, Cymbalta, Pennsaid 1.5% Solution, and Trazadone . She is having a flareup of left wrist pain today and is wearing arthritis gloves. An x-ray is noted as within normal limits for bilateral upper extremities. It is noted that she finds that the pain coping skills group has been very helpful for her and that she is considering returning to work. It is noted that she stopped taking Lyrica, Cymbalta and Zoloft. Objective exam of both elbows reveals tenderness to palpation over the lateral epicondyle and medial epicondyle, of both wrists reveals tenderness to palpation over the

radial side and ulnar side, of both hands reveals tenderness to palpation over the proximal interphalangeal joint of the thumb and index finger and thenar eminence. Work status is modified duty with restrictions. The requested treatment of 30 capsules of Cymbalta 20mg, 90 capsules of Lyrica 50mg, and Pennsaid 1.5% Solution was non-certified on 8-27-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Capsules of Cymbalta 20mg: 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: Cymbalta is an SNRI medication indicated for treatment of depression and neuropathic pain. It is a first-line agent for neuropathic pain. In this case, there is no objective evidence of neuropathic pain. In addition, there is no documentation of depression. Finally, there is no clinical benefit documented from the Cymbalta to support its continued use. Therefore, the request is not medically necessary or appropriate.

90 Capsules of Lyrica 50mg: 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): Pregabalin (Lyrica).

Decision rationale: Lyrica (Pregabalin), an anti-epilepsy drug, has been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia and is also approved for fibromyalgia. In this case, the physical examination does not suggest that the patient has neuropathic pain. In addition there is no documentation of functional improvement with the use of Lyrica. The patient also complains of the side effect of drowsiness with Lyrica. Therefore, the request is not medically necessary or appropriate.

1 Pennsaid 1.5% Solution: 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): Topical Analgesics.

Decision rationale: Pennsaid is a topical analgesic containing the NSAID Diclofenac. It is recommended for use in osteoarthritis. MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no research to support many of these agents. Guidelines recommend topical agents as an option after first-line agents (antidepressant, anticonvulsants) have failed. In this case, there is no documentation of failure of oral first-line agents warranting the use of a topical agent. Therefore, the request is not medically necessary or appropriate.