

<b>Case Number:</b>	CM15-0179205		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	06/02/2008
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: Emergency Medicine

### 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 68 year old male, who sustained an industrial injury on June 2, 2008. He reported low back pain with pain radiating to the right lower extremity and depression. The injured worker was diagnosed as having status post ORIF of the right ankle and foot for complex fractures, status post multiple surgeries of the right ankle with the most recent in January 2011, right sided low back pain, status post radiofrequency ablation, depression, anxiety and chronic pain. Treatment to date has included diagnostic studies, radiofrequency ablation, back support, medications and work restrictions. Currently, the injured worker continues to report low back pain with pain radiating to the right lower extremity, sleep disruptions secondary to pain and depression. The injured worker reported an industrial injury in 2008, resulting in the above noted pain. He was without complete resolution of the pain. Evaluation on April 20, 2015, revealed continued pain as noted. He reported the last radiofrequency ablation of the back improved symptoms by over 50% for six months. He noted Trazodone improved his sleep a little bit, however he noted he still struggles quite a bit. He noted the Cymbalta helped improve his neuropathic pain as well as his mood from depression. Neurontin, Prilosec and Colace were also continued. It was noted he had continued significant tenderness to palpation in the lumbar spine paraspinal muscles and a noted antalgic gait. Evaluation on August 17, 2015, revealed continued pain as noted. He rated his pain at 7 on a 1-10 scale with 10 being the worst. Medications were continued and Norco was restarted. The RFA included requests for Cymbalta and Trazodone and was modified on the utilization review (UR) on September 2, 2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 30 mg #60:** Overturned

**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, Duloxetine (Cymbalta).

**Decision rationale:** The requested Cymbalta 30 mg #60, is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, pages 13-16, note that Cymbalta is "FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy." The injured worker has continued pain as noted. He reported the last radiofrequency ablation of the back improved symptoms by over 50% for six months. He noted Trazodone improved his sleep a little bit, however he noted he still struggles quite a bit. He noted the Cymbalta helped improve his neuropathic pain as well as his mood from depression. The criteria noted above having been met, Cymbalta 30 mg #60 is medically necessary.

**Trazodone 50 mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, Trazodone.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, SSRIs (selective serotonin reuptake inhibitors).

**Decision rationale:** The requested Trazodone 50 mg #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, pages 13-15, recommend SSRI antidepressants as a second option for the treatment of depression, and even though they are not recommended for the treatment of chronic pain, they are recommended for the treatment of neuropathic pain. "Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors, unless adverse reactions are a problem." The injured worker has continued pain as noted. He reported the last radiofrequency ablation of the back improved symptoms by over 50% for six months. He noted Trazodone improved his sleep a little bit, however he noted he still struggles quite a bit. The treating physician has not documented failed trials of tricyclic antidepressants, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Trazodone 50 mg #60 is not medically necessary.

