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| Case Number: | CM15-0034915 | | |
| Date Assigned: | 03/03/2015 | Date of Injury: | 03/30/2011 |
| Decision Date: | 04/10/2015 | UR Denial Date: | 01/30/2015 |
| Priority: | Standard | Application Received: | 02/24/2015 |

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 45 year old female who sustained an industrial injury on 03/30/2011. Diagnoses include lateral epicondylitis, carpal tunnel syndrome, pain disorder, status post bilateral carpal tunnel release, and depression, sleep, anxiety, stomach irritation and headaches. Treatment to date has included medications, injections including a medial branch block, 24 sessions of physical therapy, chiropractic sessions, TENS unit, home exercise program, and psychotherapy consultation. A physician progress note dated 01/06/2015 documents the injured worker has continued pain along the left and right elbow, and left and right hand. She continues to follow her home exercise program. She has just started a Functional Rehabilitative Program. Treatment requested is for Cymbalta 30mg #30, and Trazodone 50mg #30. On 01/30/2015 Utilization Review non-certified the request for Cymbalta 30mg #30 and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Guidelines Medical Treatment Guidelines. The request for Trazodone 50mg #30 was denied and cited was Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schwartz, T., et al. (2004). "A comparison of the effectiveness of two hypnotic agents for the treatment of insomnia". Int J Psychiatr Nurs Res 10(1): 1146-1150.

Decision rationale: Trazodone is used for short term use for insomnia. The patient records indicated that the patient suffered difficulty falling asleep, however the long term use of Trazodone is not recommended. There is no recent documentation of sleep problems. There is no formal psychiatric evaluation documenting the diagnosis of depression requiring treatment with Trazodone. There is no documentation of failure of first line treatments for insomnia and depression. Therefore, the request for Trazodone 50mg #30 is not medically necessary.

Cymbalta 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTIDEPRESSANTS Page(s): 15-16.

Decision rationale: Cymbalta is FDA approved for diabetic neuropathy. It is also used off label for neuropathic pain and radiculopathy. There is no high quality evidence to support its use for lumbar radiculopathy. There is no clear evidence that the patient have diabetic neuropathy. A prolonged use of cymbalta in this patient cannot be warranted without continuous monitoring of its efficacy. Therefore, the request of 30 Cymbalta 30mg is not medically necessary.