

Case Number:	CM13-0009878		
Date Assigned:	03/24/2014	Date of Injury:	09/02/2009
Decision Date:	04/30/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/12/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 41-year-old female with a 9/2/09 date of injury. At the time (7/11/13) of the request for authorization for Cymbalta 60mg - 1 (one) by mouth every day #30, Norco 10/325mg - 1 (one) by mouth every 4-6 hours #180, Flexeril 7.5mg - 1 (one) by mouth twice a day #60, and Zolpidem 10mg - 1 (one) by mouth at bedtime #30, there is documentation of subjective (increased pain associated with the drop in barometric pressure with rain and humidity changes) and objective (significant tenderness throughout paracervical region on level basis, decreased range of motion, and decreased sensation over the right C7 distribution level) findings, current diagnoses (cervical strain and sprain with herniated disc and cervical radiculopathy, carpal tunnel syndrome bilaterally, and right shoulder impingement with tendonitis), and treatment to date (medications including Cymbalta, Norco, Flexeril, and Zolpidem for at least 3 months). Regarding Cymbalta 60mg, there is no documentation of depression, generalized anxiety disorder, or pain related to diabetic neuropathy; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Cymbalta. Regarding Norco 10/325mg, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Norco. Regarding Flexeril 7.5mg, there is no documentation of acute muscle spasm; the intention to treat over a short course (less than two weeks); functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Flexeril. Regarding

Zolpidem 10mg, there is no documentation of insomnia; the intention to treat over a short course (less than two to six weeks); functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Zolpidem.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYMBALTA 60MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Cymbalta) Page(s): 43-44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Anti-Depressant Section

Decision rationale: The Chronic Pain Medical Treatment Guidelines state Cymbalta is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of depression, generalized anxiety disorder, or pain related to diabetic neuropathy, as criteria necessary to support the medical necessity of Cymbalta. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical strain and sprain with herniated disc and cervical radiculopathy, carpal tunnel syndrome bilaterally, and right shoulder impingement with tendonitis. In addition, there is documentation of treatment with Cymbalta for at least 3 months. However, there is no documentation of depression, generalized anxiety disorder, or pain related to diabetic neuropathy. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Cymbalta. Therefore, based on guidelines and a review of the evidence, the request for Cymbalta 60mg - 1 (one) by mouth every day #30 is not medically necessary.

NORCO 10/325MG #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: The Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief,

functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical strain and sprain with herniated disc and cervical radiculopathy, carpal tunnel syndrome bilaterally, and right shoulder impingement with tendonitis. In addition, there is documentation of treatment with Norco for at least 3 months. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Norco. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg - 1 (one) by mouth every 4-6 hours #180 is not medically necessary

FLEXERIL 7.5 MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle Relaxant Section

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical strain and sprain with herniated disc and cervical radiculopathy, carpal tunnel syndrome bilaterally, and right shoulder impingement with tendonitis. In addition, there is documentation of treatment with Flexeril for at least 3 months. However, there is no documentation of acute muscle spasm. In addition, given documentation of records reflecting prescriptions for Flexeril for at least 3 months, there is no documentation of the intention to treat over a short course (less than two weeks). Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Flexeril. Therefore, based on guidelines and a review of the evidence, the request for Flexeril 7.5mg - 1 (one) by mouth twice a day #60 is not medically necessary.

ZOLPIDEM 10MG #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 (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The California MTUS does not address this issue. ODG identifies Ambien (Zolpidem) as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical strain and sprain with herniated disc and cervical radiculopathy, carpal tunnel syndrome bilaterally, and right shoulder impingement with tendonitis. In addition, there is documentation of treatment with Flexeril for at least 3 months. However, there is no documentation of insomnia. In addition, given documentation of records reflecting prescriptions for Zolpidem for at least 3 months, there is no documentation of the intention to treat over a short course (less than two to six weeks). Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Zolpidem. Therefore, based on guidelines and a review of the evidence, the request for Zolpidem 10mg - 1 (one) by mouth at bedtime #30 is not medically necessary.