

Case Number:	CM13-0052275		
Date Assigned:	12/27/2013	Date of Injury:	12/16/2010
Decision Date:	04/30/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/15/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a male patient with the date of injury of December 16, 2010. A utilization review determination dated October 28, 2013 recommends non-certification of Relafen 750mg #360 between 10/10/2013 and 12/23/2013 and Cymbalta 30mg #30 with 3 refills between 10/10/2013 and 2/21/2014. The previous reviewing physician recommended non-certification of Relafen 750mg #360 between 10/10/2013 and 12/23/2013 due to lack of documentation of discussion or indications that the patient requires the addition of Relafen to the current medication regimen and non-certification of Cymbalta 30mg #30 with 3 refills between 10/10/2013 and 2/21/2014 due to the amount of prescriptions provided, it does not appear the patient would be due refill until at least February 2014. A Progress Report dated September 12, 2013 identifies Subjective Complaints of neck pain and left shoulder pain. He was switched to the 10 mg of Norco at the last appointment and that is working a lot better. His pain is about a 7/10, coming down to a 3/10 or 4/10 with the medications. Objective Findings identify he can abduct and forward flex to only about 145 degrees. Diagnoses identify headaches and left side greater than right side neck pain, left shoulder pain, mild traumatic brain injury with memory difficulties and subtle personality changes, and low back pain. Discussion/Plan identifies dispensed Norco and Motrin, prescription for Cymbalta 30 mg with 4 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF RELAFEN 750MG #360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-69.

Decision rationale: Regarding the request for Relafen (Nabumetone), Chronic Pain Medical Treatment Guidelines state that (NSAIDs) non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, while there is mention that other medications have provided benefits, there is no indication that Relafen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Relafen is not medically necessary.

CYMBALTA 30MG #30 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: Regarding the request for Cymbalta, guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, there is mention that Norco has provided pain relief. However, there is no identification that the Cymbalta provides any specific analgesic effect (in terms of reduced numeric rating scale or percent reduction in pain), or provides any objective functional improvement, reduction in opiate medication use, or improvement in psychological well-being. Additionally, if the Cymbalta is being prescribed to treat depression, there is no documentation of depression, and no objective findings which would support such a diagnosis (such as a mini mental status exam, or even depressed mood). In the absence of clarity regarding those issues, the currently requested Cymbalta is not medically necessary.