

Case Number:	CM13-0054554		
Date Assigned:	12/30/2013	Date of Injury:	01/31/2003
Decision Date:	03/18/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 physician 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:

The patient is a 70-year-old female who reported an injury on 01/31/2003. The mechanism of injury involved a slip and fall. The patient is diagnosed with carpal tunnel syndrome and traumatic arthropathy unspecified. The only documentation submitted for this review is an inpatient hospital stay with progress reports from 2012 through 02/2013. A request for authorization was submitted on 10/03/2013 for Cymbalta 60 mg, Protonix DR 20 mg, Sonata 10 mg, fentanyl patches, and a home health assessment. However, there was no documentation of a physician progress report on the requesting date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Cymbalta 60mg, take one twice daily, QTY 60: Upheld

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

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

Decision rationale: California MTUS Guidelines state antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first line agent. Cymbalta is FDA approved for anxiety, depression,

diabetic neuropathy, and fibromyalgia. It has been used off label for neuropathic pain and radiculopathy. The patient does not maintain diagnoses of radiculopathy or neuropathic pain. As there is no documentation of a physician progress report, there is no evidence of anxiety, depression, diabetic neuropathy, or fibromyalgia. Therefore, the medical necessity for the requested medication has not been established. As such, the request is non-certified.

Decision for Protonix DR 20mg, take one daily, QTY30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There was no physician progress report submitted for this review. Therefore, it is unknown whether the patient is currently utilizing any NSAID medication. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Without documentation of an updated physician progress report, the medical necessity has not been established. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Decision for Sonata 10mg, take one at bedtime, QTY 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Insomnia Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Official Disability Guidelines state insomnia treatment is recommended based on ideology. Empirically supported treatment includes stimulus control, progressive muscle relaxation, and paradoxical intention. There was no physician progress report submitted for this review. The patient does not maintain a diagnosis of insomnia or sleep disturbance. There is no documentation of a failure to respond to nonpharmacologic treatment prior to the initiation of a prescription medication. Based on the clinical information received, the request is non-certified.

Decision for Fentanyl Patches 75mcg/hr Patch SIC: apply 2 patches on lumbar spine every 72 hours, QTY 20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44 and 74-82.

Decision rationale: California MTUS Guidelines state Duragesic or fentanyl transdermal system is not recommended as a first line therapy. There was no documentation of a physician progress report submitted for this review. Therefore, it is unknown whether the patient has failed to respond to first line oral medication prior to the initiation of fentanyl patches. Based on the clinical information received, the request is non-certified.

Decision for Home Health Assessment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

Decision rationale: California MTUS Guidelines state home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part time or intermittent basis, generally up to no more than 35 hours per week. There was no physician progress report submitted for this review. Therefore, it is unknown whether the patient is homebound and requires assistance from outside resources. There is no mention of the type of services requested. Based on the clinical information received, the request is non-certified.