

<b>Case Number:</b>	CM13-0063914		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/02/2006
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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:

The patient is a female who reported injury on 02/02/2006. The mechanism of injury was not provided. The patient's diagnosis was noted to be unspecified disorder of the autonomic nervous system and complex regional pain syndrome. The patient's medication history included baclofen, Neurontin, Prilosec, and NSAIDS as of 2012. The patient indicated their pain level stayed at 7/10 to 8/10. It was further indicated that the patient's pain intended to increase with stress and cold weather and it was relieved by warm weather and the occasional use of a heat pad. The treatment plan was noted to include a refill of Cymbalta, Celebrex, meprazole, baclofen and gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYMBALTA 20 MG:** 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 Antidepressants Page(s): 13.

**Decision rationale:** California MTUS guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain. There should be documentation of an objective

decrease in pain and an objective functional improvement. Clinical documentation submitted for review indicated that the patient had initially tried Cymbalta and had slowly titrated up the dose and it gave the patient slight pain relief. There was a lack of documentation indicating when the trial of the medication was, the duration of the trial and the objective benefits of the trial. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for Cymbalta is not medically necessary.

**OMEPRAZOLE DR 40 MG:** 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 NSAIDS Section Page(s): 69.

**Decision rationale:** California MTUS Guidelines indicate that PPIs are appropriate for the treatment of dyspepsia secondary to NSAID therapy. The patient was noted to be on the medication since 2012. There was a lack of documentation of the efficacy of the requested medication. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for omeprazole DR 40 mg is not medically necessary.

**CELEBREX 200 MG:** 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 NSAIDS Section Page(s): 67.

**Decision rationale:** California MTUS Guidelines indicate that NSAIDS are recommended for short term symptomatic relief. There should be documentation of an objective functional improvement and objective decrease in the VAS score. Clinical documentation submitted for review indicated the patient had a daily use of Celebrex off and on which was beneficial. However, there was a lack of documentation of objective functional improvement and an objective decrease in the VAS score. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for Celebrex 200 mg is not medically necessary.