

Case Number:	CM13-0072604		
Date Assigned:	01/08/2014	Date of Injury:	11/09/2012
Decision Date:	06/23/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/31/2013

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 Physical Medicine & Rehabilitation and Pain Medicine, and is licensed to practice in Texas and Ohio. 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 injured worker is a 60 year old female with an injury reported on 11/09/2012. The mechanism of injury was not provided within the clinical notes. The clinical note dated 12/17/2013 reported that the injured worker complained of back and hip pain. Upon physical examination, it was noted the injured worker had a good affect, was alert and oriented, and was tearful at times. It was also noted that the injured worker's reflexes were normal. The injured worker's medication regimen included Cymbalta 20mg, other medications were not available for review. It was noted the provider performed a depression screening for a psychological evaluation. The injured worker's diagnoses included strain/shoulder unspecified site; hip or thigh strain; lumbar sprain/strain; myofascial pain. The request for authorization for Cymbalta 20mg; one depression and sleep screening; Soma 350mg; and Omeprazole 20mg was submitted on 12/17/2013. The provider's rationale for requesting cymbalta 20mg and depression with sleep screening and due to the injured worker's being tearful at times. The provider's rationale for requesting Soma 350mg and Omeprazole 20mg was unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYMBALTA 20MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: California Chronic Pain Medical Treatment Guidelines (May 2009), Antidepressants for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

Decision rationale: The request for Cymbalta 20mg is non-certified. The injured worker complained of back and hip pain. It was reported the injured worker had a good affect, was alert and oriented, and was tearful at times. The California MTUS guidelines recommend Duloxetine (Cymbalta) as an option in first-line treatment option in neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, with effect found to be significant by the end of week 1 (effect measured as a 30% reduction in baseline pain). It was noted that the injured worker completed the prescribed 20mg Cymbalta and reported feeling the same. There was a lack of documentation indicating the injured worker had significant objective functional improvement with the use of the medication. In addition, the requesting provider did not specify the quantity of the medication being requested. Therefore, the request is non-certified.

ONE (1) DEPRESSION AND SLEEP SCREENING: 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 Psychological evaluations Page(s): 100-101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Polysomnography.

Decision rationale: The request for one (1) depression and sleep screening is non-certified. The injured worker complained of back and hip pain. It was reported the injured worker had a good affect, was alert and oriented, and was tearful at times. It was also noted that the injured worker's reflexes were normal. The California MTUS guidelines indicate psychological evaluations are recommended and are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychological interventions are indicated. According to the Official Disability Guidelines polysomnography is recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. Not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. Home portable monitor testing may be an option. It was noted that the injured worker was tearful at times; however, it was unclear if the injured worker had significant psychological symptomatology for which a psychological evaluation would be indicated. There is a lack of clinical information provided indicating the injured worker has an interrupted sleep pattern, a diagnosis of insomnia or an improper sleep hygiene for at least 6 months. Therefore, the request is non-certified.

SOMA 350MG: 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 Carisoprodol (Soma) Page(s): 29.

Decision rationale: The request for Soma 350mg is non-certified. The injured worker complained of back and hip pain. The California MTUS guidelines do not recommend Soma. This medication is not indicated for long-term use, and is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate. Abuse has been noted for sedative and relaxant effects. There is a lack of information provided indicating the efficacy of the Soma. In addition, there is a lack of clinical evidence of any objective signs of functional improvement while on this medication. Also, there is a lack of clinical information provided indicating how long the injured worker has been prescribed the medication. In addition, the requesting provider did not specify the quantity of the medication being requested. Therefore, the request is non-certified.

OMEPRAZOLE 20MG: 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, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for omeprazole 20mg is non-certified. The injured worker complained of back and hip pain. It is also noted that the injured worker has a diagnosis of hip or thigh strain. According to the California MTUS guidelines proton pump inhibitors are recommend with precautions with long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. There is a lack of documentation of medication symptoms reported by the injured worker that would warrant the use of a proton pump inhibitor. It did not appear the injured worker is at risk for gastrointestinal events. It was unclear if the injured worker has a history of gastrointestinal bleeding, peptic ulcer, or perforation. In addition, the requesting provider did not specify the quantity of the medication being requested. As such, the request is non-certified.