

Case Number:	CM14-0001384		
Date Assigned:	01/22/2014	Date of Injury:	09/15/2006
Decision Date:	04/28/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/04/2014

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 Interventional Spine 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:

The patient is a 44-year-old female with a date of injury of 09/15/2006. The listed diagnoses per [REDACTED] are pain in joint shoulder and neck pain. According to report dated 10/23/2013 by [REDACTED]. The patient presents with shoulder, back, and right upper extremity pain. The patient is status post right shoulder subacromial decompression, Mumford procedure, subacromial synovectomy and debridement, and 1 ligament release dated 03/09/2013. The provider states patient continues to be symptomatic. The patient reports that her primary pain is in the right side of the neck, radiating into the right upper extremity with associated numbness in digits 3 to 4 on the right. The patient has not been able to return to work as a janitor, but she is motivated to return to some level of work, but notes that her pain is persistent. The patient also presents with depressive symptoms which she notes has improved since she started Cymbalta. The patient states that she has been out of Cymbalta for around 4 days and experienced frequent crying spells. The patient states that her medications are helpful in reducing her pain and improving her function. She continues to utilize Imitrex for headaches. The patient's current medications include Docuprene sodium for constipation, Pantoprazole for the stomach, Cymbalta for depression, Sumatriptan 25 mg for headache, Flector patch, and Flexeril for muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL EVALUATION AT THE [REDACTED] FUNCTIONAL RESTORATION PROGRAM: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Pro Page(s): 49.

Decision rationale: This patient presents with continued shoulder, back, and right upper extremity pain. The provider is requesting an initial evaluation at the [REDACTED] Functional Restoration Program. Utilization Review dated 12/09/2013 denied the request stating patient reports a significant (50% reduction of pain from H-wave use). Furthermore, the patient reported depressive symptoms and frequent crying spells without Cymbalta. In this case, utilization review reviewed the request as a request for participation in the functional restoration program. However, as indicated in report dated 10/23/2013, the provider is requesting an initial evaluation. The California MTUS Guidelines page 49 recommends functional restoration programs and indicates it may be considered medically necessary when all criteria are met including: adequate and thorough evaluation has been made, previous methods of treating chronic pain have been unsuccessful, significant loss of ability to function independently resulting from chronic pain, not a candidate for surgery or other treatments would clearly be, the patient exhibits motivation to change or negative predictors of success have been addressed. In this case, the provider is requesting an initial evaluation which is recommended and necessary prior to considering participation in a FRP. The patient is not considering surgery and has tried most conservative treatments including PT without much benefit. Recommendation is for approval for initial evaluation.

SUMATRIPTAN SUCCINATE- IMITREX 25MG #9: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head

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

Decision rationale: This patient presents with continued complaints of shoulder, back, and right upper extremity. The provider is requesting Imitrex 25 mg #9 for patient's headaches. The California MTUS and ACOEM Guidelines do not discuss Imitrex. However, ODG Guidelines have the following regarding triptans for headaches, "recommended for migraine sufferers. At marked doses all oral triptans, for example, sumatriptan (Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients." As medical records document, this patient presents with headaches. In this case, Imitrex is indicated if the patient suffers from migraines. However, this diagnosis is not provided and is not apparent based on reports reviewed. The patient appears to be suffering from cervicogenic or tension headaches. Given the patient does not suffer from migraine, recommendation is for denial.

CYMBALTA 60MG #30 WITH 3 REFILLS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 15-16.

Decision rationale: The patient presents with continued complaints of shoulder, back, and right upper extremity pain. The provider is requesting a refill of Cymbalta 60 mg #30 with 3 refills. The utilization review dated 12/09/2013 already certified this request. For Cymbalta, the MTUS Guidelines page 16 and 17 states, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used for off-label neuropathic pain and radiculopathy. Duloxetine is recommended as a first line option for diabetic neuropathy." In this case, the patient is prescribed Cymbalta for his neuropathic pain and depression. A report dated 10/23/2013 states Cymbalta is working, and without it, the patient had frequent crying spells. In this case, the patient meets the indication for the medication and the provider notes the efficacy of the medication. Recommendation is for approval.