

Case Number:	CM14-0004025		
Date Assigned:	02/05/2014	Date of Injury:	03/10/2010
Decision Date:	07/16/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/09/2014

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, and is licensed to practice in California and Washington. 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 injured worker is a 51-year-old female who reported an injury on March 10, 2010. The mechanism of injury was reported as a slip and fall. An MRI of the left shoulder performed on July 17, 2012 revealed a superior labral tear. An EMG dated November 18, 2013 revealed evidence of acute and chronic left L5 radiculopathy and a chronic left S1 radiculopathy. The clinical note dated January 2, 2014 noted that the injured worker presented with pain in the left shoulder with reduced strength and range of motion. Prior therapy included medications, physical therapy and home exercise. Examination of the left shoulder revealed a positive shoulder crossover test and tenderness to palpation over the acromioclavicular joint and biceps groove. The motor strength was 5/5 in the bilateral upper extremities and the deep tendon reflexes were +2. The diagnoses included shoulder pain. The provider recommended Norco, Cymbalta, and Soma. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO NORCO 10-325MG TABLET #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend the use of opioids for the ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The injured worker had been prescribed Norco since at least November 29, 2012; the efficacy of the medication was not provided. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, risk for aberrant drug behavior, and side effects. The provider's request did not include the frequency of the medication. The request for Norco 10/325 mg tablet, 240 count, provided on November 27, 2013, is not medically necessary or appropriate.

CYMBALTA 60MG CAPSULE, THIRTY COUNT, PROVIDED ON NOVEMBER 27, 2013,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15,16.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend Cymbalta as an option in first-line treatment for neuropathic pain. The assessment of treatment efficacy should include not only pain outcomes, but also evaluation of function, changes in the use of analgesic medications, sleep quality and duration, and psychological assessment. The injured worker had been prescribed Cymbalta since at least November 29, 2012. There is a lack of evidence of an objective assessment of the injured worker's pain level. Furthermore, there is a lack of documented evidence of the efficacy of the injured worker's medication, to include evaluation of function, sleep quality and duration, psychological assessment, and side effects. Cymbalta is FDA approved for the treatment of depression, generalized anxiety disorder, and diabetic neuropathy pain. There was no documentation of any of these diagnoses. The frequency of the medication was not provided in the submitted request. The request for Cymbalta 60 mg capsule, thirty count, provided on November 27, 2013, is not medically necessary or appropriate.

SOMA 350MG TABLET, THIRTY COUNT, PROVIDED ON NOVEMBER 27, 2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not recommend Soma. This medication is not indicated for long-term use. It has been suggested that the main effect is

due to generalized sedation and treatment of anxiety. Abuse has been noted for the sedative and relaxant effects. The injured worker had been prescribed Soma since at least November 29, 2012. The efficacy of the medication was not provided. The provider's request does not include the frequency of the medication. Nonetheless, the guidelines do not recommend Soma. The request for Soma 350 mg tablet, thirty count, provided on November 27, 2013, is not medically necessary or appropriate.