

Case Number:	CM14-0007918		
Date Assigned:	05/02/2014	Date of Injury:	06/27/2001
Decision Date:	07/08/2014	UR Denial Date:	12/14/2013
Priority:	Standard	Application Received:	01/21/2014

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 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 injured worker is a 55 year old male who sustained an injury on 06/27/01 while swimming under water. The injured worker was carrying a boat oar and the force of the oar caused his left shoulder to dislocate. The injured worker indicated that the dislocation resolved spontaneously. The injured worker reported multiple dislocations of the left shoulder with spontaneous reduction. The injured worker is noted to have had surgical intervention at the left shoulder as well as an anterior cervical discectomy and fusion performed in March of 2008. The injured worker had been provided postoperative physical therapy. Other treatment has included stellate ganglion blocks to the right. The injured worker reported not working since November of 2001. The most recent surgery was an anterior cervical decompression and fusion in July of 2011 followed by a hernia repair in 2012. The injured worker has been followed for continuing complaints of neck pain radiating to the upper extremities and upper back as well as intermittent left shoulder pain. The most recent evaluation was from 07/31/13. The injured worker reported continuing complaints of neck and right upper extremity pain as well as intermittent left shoulder pain and low back pain radiating to the buttocks. Physical examination noted decreased grip strength in the left hand with a positive straight leg raise to the right. There was decreased sensation in a right C7 distribution as well as mild weakness at the extensor hallucis longus. The requested Cymbalta 60mg, quantity 60, and Orudis 75mg, quantity 60 were both denied by utilization review on 08/19/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF CYMBALTA 60MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

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

Decision rationale: In regards to the requested Cymbalta 60mg, quantity 60, the prior utilization review report from August of 2013 did recommend this medication as medically necessary and modified the request to 30 tablets only. In this case, the clinical documentation did not provide any further information to support more than the 30 tablets of Cymbalta originally recommended in the utilization review report. Therefore, this reviewer would not have recommended certification for the requested 60 tablets.

ONE PRESCRIPTION OF ORUDIS 75MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: In regards to Orudis 75mg, quantity 60, the previous utilization review report from August of 2013 certified this medication at a quantity of 90. This was due to persistent complaints of pain for which this medication was indicated to address chronic low back pain. Given the previous recommendation for Orudis and the injured worker's ongoing multiple musculoskeletal complaints, this reviewer would have recommended this medication as medically necessary.