

<b>Case Number:</b>	CM14-0102455		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	05/14/1999
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Nevada. 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 records, presented for review, indicate that this 45-year-old individual was reportedly injured on May 14, 1999. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 5, 2014, indicated that there were ongoing complaints of right sided face pain as well as chronic mid to upper back and left knee pains. The physical examination demonstrated tenderness to palpation of the thoracic spine, tenderness over the medial aspect of the left knee, and negative McMurray's test bilaterally associated with crepitus in both knees. Diagnostic imaging studies reportedly noted a multilevel cysts in the left knee, and no obvious tear of the medial meniscus. Degenerative changes were noted in the lumbar spine unrelated to the compensable event. Previous treatment included multiple medications, psychotherapy, physical therapy, and pain management interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on June 24, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 30mg, #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 105.

**Decision rationale:** As noted in the MTUS, this medication is indicated for the treatment of depression. The progress notes, presented for review, do not objectify that there was a clinical depression, or that there has been any efficacy associated with the past use of this medication. Therefore, relative to depression, this is not clinically indicated. It is noted this is a chronic pain situation; however, there is no objectification of a neuropathic pain lesion based on the MRI lumbar spine that would be amenable to such intervention. As such, when noting the clinical information is limited to a single progress note and no electrodiagnostic objective occasion of a neuropathic lesion, there is no apparent clinical indication or medical necessity for this medication.

**DSS Sodium 250mg, #30 with 2 refills:** 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 Page(s): 88.

**Decision rationale:** MTUS guidelines support the use of stool softeners (i.e. Colace) for prophylactic treatment of constipation when starting opiate therapy. Colace is available as a generic over-the-counter product without a prescription. Additionally, there are no complaints of constipation, and no findings on physical examination that this complaint exists, or there are any sequelae that would require this medication. Therefore, this request is not considered medically necessary.

**Flector Patch 1.3%, #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

**Decision rationale:** MTUS guidelines support the topical Diclofenac for the relief of osteoarthritic pain of the ankle, elbow, foot, hand, knee and wrist. It has not been evaluated for treatment of the spine, hip or shoulder. Outside of the treatment of osteoarthritis, there is no other clinical indication for the use of this topical non-steroidal anti-inflammatory. The claimant suffers from low back and lower extremity pain. The progress notes, presented for review, do not indicate where this medication is going to be employed or how is going to be employed. Furthermore, there is no noted efficacy relative to past use. There is no indication for this medication. Therefore, this request is not considered medically necessary.

**Naprosyn 500mg, #30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66,73.

**Decision rationale:** As outlined in the MTUS, this medication is recommended as an option. However, when noting the date of injury, the injury sustained, the finding on a physical examination, there is no clinical indication presented in the progress note reviewed to suggest that this medication has had any positive effect with past use. Therefore, the efficacy is not noted and the medical necessity for continued use has not been established.

**Zantac gel dose 150mg, #30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66,73.

**Decision rationale:** As noted in the MTUS, this medication is useful for the treatment of gastroesophageal reflux disease. It is also use of a gastric protectant. However, the progress notes, presented for review, do not indicate any complaints of gastritis, gastrointestinal distress, or any other clinical indication for the need for this medication. Therefore, based on the clinical rationale presented, this request is not medically necessary.