

Case Number:	CM14-0017217		
Date Assigned:	04/14/2014	Date of Injury:	06/07/2004
Decision Date:	05/30/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/11/2014

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 & 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:

1. Status post carpal tunnel release, right hand. 2. Mild carpal tunnel syndrome with positive EMG, left hand. 3. History of revision of carpal tunnel release, right hand. 4. Chronic lateral epicondylitis bilaterally. 5. Right shoulder sprain/strain. 6. Chronic myofascial pain and reactive depression. 7. Possible fibromyalgia and probable myofascial pain syndrome. According to report dated 01/16/2014, the patient complains with constant right-sided neck pain and muscle cramps in her right shoulder. She also reports pain in both arms with numbness and tingling in both fingertips, worse on the right hand than left. Patient also has chronic fatigue symptoms and depression. Patient states the medications are helpful and reports 50% functional improvement with activities of daily living versus not taking them at all. She is using Cymbalta at night for musculoskeletal pain which she finds helpful. She also takes Nexium for dyspepsia from medications prescribed. Patient's current medication regimen includes Norco for severe pain, Cymbalta for musculoskeletal pain, Voltaren gel for myofascial pain, and Nexium to offset dyspepsia from medication intake.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF CYMBALTA 30MG #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 17.

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with constant right-sided neck pain and muscle cramps in her right shoulder. The physician is requesting a refill of Cymbalta 30 mg #30. Utilization review dated 01/27/2014 denied the request stating EMG/nerve study showed no signs of neuropathy or radiculopathy. 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." Medical records indicate this patient has been taking Cymbalta since 12/31/2013. In this case, the physician states the patient has reactive depression with component of neuropathic pain which has been stabilized with Cymbalta. Patient also quotes, "Cymbalta has been helpful." In this case, the patient has been taking Cymbalta for her depression and neuropathic pain with documented efficacy. Negative EMG does not rule out radiculopathy. Recommendation is for approval.

1 PRESCRIPTION OF NEXIUM 40MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68, 69.

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with constant neck pain and muscle cramps in her right shoulder. The treater is requesting a refill of Nexium 40 mg #30. The MTUS Guidelines page 68 and 69 state, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." MTUS recommends determining risk for GI events before prescribing prophylactic PPI or omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Medical records indicate the patient has been taking Nexium since 06/25/2013. The treater is prescribing Nexium for patient's dyspepsia. In this case, although the treater notes the patient has dyspepsia, there is no indication that the patient has been prescribed any NSAID except for Voltaren gel which is a topical cream. Given that the patient is not on any NSAIDs, PPI is not indicated. For dyspepsia, long-term use of PPI is not indicated. The treater does not document how the patient's dyspepsia is doing despite continuing nexium for more than 6 months. Recommendation is for denial.