

Case Number:	CM14-0017261		
Date Assigned:	04/16/2014	Date of Injury:	04/28/1999
Decision Date:	05/29/2014	UR Denial Date:	01/17/2014
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 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 67-year-old female who reported an injury on 04/28/1999. The mechanism of injury was a trip and fall. The injured worker's treatment history included physical therapy, surgical intervention, postsurgical physical therapy, acupuncture and medications. The visit dated 09/16/2013 documented that the injured worker had ongoing pain complaints of the bilateral wrists rated at a 5/10 and a 7/10 of the bilateral knees. The injured worker was observed in moderate distress with a slow gait pattern assisted by a cane. The injured worker's diagnoses included myalgia, osteoarthritis, depression, anxiety, bilateral wrist pain, bilateral knee pain and chronic pain. The injured worker received an acupuncture treatment. The documentation dated 01/23/2014 indicated the injured worker was being followed for trouble sleeping and chronic bilateral wrist pain, hand pain, and knee pain. It was noted the Lansoprazole was requested for dyspepsia secondary to non-steroidal anti-inflammatory drug (NSAID) therapy and that Cymbalta was associated with increased risk for gastritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

LANSOPRAZOLE DR 30MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation GOODMAN AND GILMAN'S THE PHARMACOLOGICAL BASIS OF THERAPEUTICS, 12TH ED. MCGRAW HILL, 2006.

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

Decision rationale: The California MTUS guidelines recommend proton pump inhibitors for the treatment of dyspepsia secondary to NSAID therapy. The documentation failed to indicate the injured worker was utilizing NSAIDs. The documentation indicated that Cymbalta could cause gastritis. It was indicated the injured worker had dyspepsia secondary to NSAID therapy. There was a lack of documentation indicating the efficacy for the requested medication. The duration of use could not be established with the submitted documentation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Lansoprazole DR. 30 mg #30 is not medically necessary.

CYMBALTA 30 MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation GOODMAN AND GILMAN'S THE PHARMACOLOGICAL BASIC OF THERAPEUTICS, 12TH ED. MCGRAW HILL, 2006.

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

Decision rationale: The California MTUS recommends antidepressants as a first-line medication in the management of chronic pain. There should be documentation of an objective decrease in pain and objective functional benefit. The clinical documentation failed to include documentation of an objective decrease in pain and the functional benefit. The request as it was submitted did not provide a frequency for the medication. Given the above, the request for Cymbalta 30 mg #60 is not medically necessary.