

Case Number:	CM14-0114060		
Date Assigned:	09/16/2014	Date of Injury:	04/19/2014
Decision Date:	11/05/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/22/2014

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. 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 underlying date of injury in this case is 04/19/2014. The date of the utilization review under appeal is 07/02/2014. On 06/13/2014, the patient was seen in primary treating physician followup regarding a cervical and lumbar facet syndrome, cervical radiculopathy, cervical pain, and low back pain. The patient was noted to have ongoing neck pain and right shoulder pain. The low back pain had gotten worse since her prior visit. Medications included Norco, Relafen, Colace, Ibuprofen, and Skelaxin. The treating physician felt the patient had signs of cervical radiculopathy on exam including reduced sensation in the left C6 distribution and also positive lumbar facet loading maneuvers on lumbar exam. The patient was also noted to have a right shoulder strain. On exam, the patient had tenderness on the Romberg and trapezius. Upper extremity strength was normal. The treating physician reviewed the patient's history of a motor vehicle accident when he was the front seat passenger in a [REDACTED] involved in a T-bone type collision. The treating physician noted that plain films of the right shoulder on 05/29/2014 showed a possible hairline fracture at the superior glenoid for which CT or MRI confirmation was recommended. The treating provider additionally recommended treatment with Cymbalta for the patient's musculoskeletal pain, neuropathic symptoms, and mood disturbance. On review of systems, the patient was noted to have a sleep disturbance on psychiatric review of systems. On a general physical examination, the patient was noted to be calm and in mild to moderate pain. An initial physician review recommended non-certification of a shoulder MRI given no documentation of unsuccessful conservative treatment. That review also noted that there was no documentation of neuropathic pain or a mood disturbance to support an indication for Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg qty 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Depressants Page(s): 13-15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 15.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Cymbalta states that this is indicated on an off-label basis for neuropathic pain or radiculopathy. I do agree that it is not clear from the medical record that there is an indication of a mood disturbance and that the medical records are unclear in that regard, as noted by an initial physician review. However, the records do clearly indicate that the patient has neuropathic pain, cervical radiculopathy, and the guidelines do support this medication for this reason. This patient has a complex injury with both neuropathic and non-neuropathic pain, and this medication is indicated by the treatment guidelines for such situations with pain and multifactorial etiology. For these reasons, the request is supported by the treatment guidelines. This request is medically necessary.

MRI of the Right Shoulder qty 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

Decision rationale: ACOEM Guidelines, Chapter 9 Shoulder, page 208-209 recommends shoulder imaging when there is a red flag fracture that is present. The initial physician review in this case indicates that there is no indication that the patient failed prior conservative treatment. However, the medical records indicate concern that there may be a glenoid fracture, as noted on plain films. Therefore, following up with a shoulder MRI as recommended by the radiologist on the plain films would be consistent with the treatment guidelines. This request is medically necessary.