MAXIMUS Federal Services

Case Number:	CM14-0115831		
Date Assigned:	08/04/2014	Date of Injury:	06/29/2005
Decision Date:	09/10/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/23/2014

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 Family Practice 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:

This 59 year old female claimant sustained a work injury on 6/29/05 involving the low back, knees, neck, wrists, and shoulders. She was diagnosed with left shoulder impingement, left shoulder rotator cuff tear, carpal tunnel syndrome, occipital migraines and bilateral knee pain. A progress note on 7/9/14 indicated the claimant had 7/10 pain in the shoulder, knee and neck. There were no gastrointestinal or psychiatric symptoms. Physical findings were notable for normal psychiatric examination, painful range of motion of the left shoulder, left shoulder weakness, left trapezial pain, tenderness to palpation and pain with rotation of the cervical spine. The claimant was continued on Naproxen, Norco and Cymbalta for pain. Polyethylene Glycol and Docusate were given for stool softeners and bowel movement. She had been on this medication regimen for months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docusate Sodium 250mg 1 tab BID #60 with three (3) refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com, updated 05/06/14 - http://www.drugs.com/mtm/docusate-oral-rectal.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: According to the MTUS Chronic Pain Guidelines, prophylaxis treatment for constipation should be provided for those initiating opioids. In this case, the claimant had been on opioids for over 7 months. The claimant was on Opioids, NSAIDs and SNRI for pain management. There were no abdominal symptoms or abnormal gastrointestinal exam. In addition, the claimant had been on Docusate and Polyethylene Glycol for constipation management. There is no indication to be on both. As such, the request is not medically necessary and appropriate.

Cymbalta 60mg 1 QD #30 with three (3) refills: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, SNRIs antidepressants such as Cymbalta are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of Duloxetine for lumbar radiculopathy. In this case, the claimant does not have the above diagnoses. In addition, he had been on opioids and NSAIDs for pain as well. The specific use of Cymbalta and its benefit is not specified in the documentation. As such, the request is not medically necessary and appropriate.

Polyethylene Glycol Powder 17gm/1 scoop take 17gm pm #527 with three (3) refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com, updated 06/12/14 - http://ww.drugs.com/inactive/polyethylene-glycol-177.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: According to the MTUS Chronic Pain Guidelines, prophylaxis treatment for constipation should be provided for those initiating opioids. In this case, the claimant had been on opioids for over 7 months. The claimant was on opioids, NSAIDs and SNRI for pain management. There were no abdominal symptoms or abnormal gastrointestinal exam. In addition, the claimant had been on Docusate and Polyethylene Glycol for constipation management. There is no indication to be on both. As such, the request is not medically necessary and appropriate.