MAXIMUS Federal Services

Case Number:	CM14-0117809		
Date Assigned:	08/06/2014	Date of Injury:	03/01/2012
Decision Date:	09/10/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/28/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 46-year-old female who reported an injury on 03/01/2012. The mechanism of injury is from repetitive motion. The diagnoses included bilateral carpal tunnel syndrome with carpal tunnel release on 01/31/2013, left carpal tunnel surgery, trigger finger release, bilateral ulnar neuritis, and cervical strain. The previous treatments include medication and surgery. Within the clinical note dated 06/13/2014, it was reported the injured worker complained of numbness and tingling in both hands. She reported the numbness and tingling radiated to her elbows. The injured worker rated her pain 9/10 in severity and constant. Upon the physical examination, the provider noted the injured worker to have tenderness in the area with somewhat positive Spurling's tests with aching down the arm. The injured worker had pain on carpal tunnel testing and somewhat positive Phalen's. The request submitted is for Cymbalta and Percocet. However, a rationale was not provided for clinical review. The Request for Authorization is not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30 mg.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta), page(s) 43 Page(s): 43.

Decision rationale: The request for Cymbalta 30 mg is not medically necessary. The California MTUS Guidelines recommend Cymbalta as an option as first line treatment of neuropathic pain. It has FDA approval for treatment of depression, generalized anxiety disorder and treatment of pain related to diabetic neuropathy. The guidelines note antidepressants are recommended as an option for radiculopathy. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency and quantity of the medication. There is lack of documentation indicating the injured worker is treated for depression, generalized anxiety or treatment of pain related to diabetic neuropathy. Therefore, the request is not medically necessary.

Percocet: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management, page(s) 78 Page(s): 78.

Decision rationale: The request for Percocet is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 06/2014. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the dosage of the medication. The request submitted failed to provide the quantity of the medication. Therefore, the request is not medically necessary.