

<b>Case Number:</b>	CM14-0130033		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	04/08/2005
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Orthopedic Surgery 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 patient is a 53 years old female with an injury date on 04/08/2006. Based on the 07/16/2014 progress report provided by [REDACTED], the diagnoses are:1. Cervical strain2. Shoulder strain3. Lumbar strainAccording to this report, the patient complains of sharp, dull and constant neck pain that radiates to the right shoulder and low back pain. Pain is rate at a 4-5/10. Prolonged movement, reaching, bending, and twisting would aggravate the pain. The use of ice, medications, rest, and Ben Gay helps alleviate the pain. Physical exam reveals limited range of motion in the right shoulder, "GI: negative, and GU; negative." The 06/04/2014 report indicates the patient's pain at a 5/10 for the neck and right shoulder and at a 6/10 for the low back. The 04/29/2014 report indicates a MRI of the right shoulder was performed on 05/13/2014 with the results of "moderate supraspinatus and infraspinatus tendinosis with an interstitial tear of the anterior fiber." There were no other significant findings noted on this report. The utilization review denied the request on 08/12/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/28/2014 to 09/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco (dosage unspecified):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** According to the 07/16/2014 report by [REDACTED] this patient presents with sharp, dull and constant neck pain that radiates to the right shoulder and low back pain. Pain is rate at a 4-5/10. The treater is requesting Norco (dosage unspecified). Norco was first mentioned in the 02/26/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, California Medical Treatment Utilization Schedule (MTUS) Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." California MTUS page 78 also requires documentation of the 4As (analgesia, activities of daily living (ADLs), adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of report shows documentation of pain assessment using a numerical scale describing the patient's pain and some ADL's are discussed. However, no outcome measures are provided; No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. There are no opiate monitoring such as urine toxicology. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in California (MTUS) Guidelines. The request is not medically necessary and appropriate.

**Cymbalta (dosage unspecified):** 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): 16, 17, 60.

**Decision rationale:** According to the 07/16/2014 report by [REDACTED] this patient presents with sharp, dull and constant neck pain that radiates to the right shoulder and low back pain. Pain is rate at a 4-5/10. The treater is requesting Cymbalta (dosage unspecified). Cymabalta was first mentioned in the 02/26/2014 report. For Cymbalta, the California Medical Treatment Utilization Schedule (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." In this case, the patient is prescribed Cymbalta for upper extremity neuropathic pain. However, there is no documentation as to how this medication is working or not working. California (MTUS) page 60 require "A record of pain and function with medication should be recorded." The request is not medically necessary and appropriate.

**Celebrex:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID  
Page(s): 22, 67, 68.

**Decision rationale:** According to the 07/16/2014 report by [REDACTED] this patient presents with sharp, dull and constant neck pain that radiates to the right shoulder and low back pain. Pain is rate at a 4-5/10. The treater is requesting Celebrex. The California Medical Treatment Utilization Schedule (MTUS) Guidelines pages 67, 68 do allow use of oral NSAIDs for osteoarthritic pains, and recommends it for shortest time possible. Page 22 of MUTs does recommend oral NSAIDs for low back pain as well. In this case, the treater does not include documentation of how long patient has been taking Celebrex, nor pain and function related to its use. The California (MTUS) page 60 require "A record of pain and function with medication should be recorded." Without documentation that this medication is working and helping with pain and function, continued use of the medication would not be indicated. The request is not medically necessary and appropriate.