

Case Number:	CM14-0139819		
Date Assigned:	09/08/2014	Date of Injury:	03/05/2007
Decision Date:	10/03/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/28/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 47 year old with an injury date on 3/5/07. Patient complains of moderate right upper extremity pain and cervical pain rated 9/10 per 7/31/14. The pain radiates to the right upper extremity and right lower extremity, with no change in the pattern of pain per 7/31/14 report. Based on the 7/31/14 progress report provided by [REDACTED] the diagnoses are: 1. s/p right elbow - ulnar nerve decompression surgeries x 22. s/p right shoulder surgery3. CRPS on right upper extremity4. neck pain5. lower back pain with referring pain to the right leg6. s/p cervical spine cord stimulator 3 years ago by [REDACTED] Exam on 7/31/14 showed "C-spine has full range of motion. Right elbow: slightly decreased range of motion. Right shoulder: slightly decreased range of motion." [REDACTED] is requesting Sulindac 200mg, 1 tablet twice a day, Lidoderm 5% patch 1 every 2 hours, and Cymbalta 60mg capsule delayed release 1 a day. The utilization review determination being challenged is dated 8/14/14. [REDACTED] is the requesting provider, and he provided treatment reports from 4/10/14 to 7/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sulindac 200mg, 1 talet twice a day: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 20-21, Chronic Pain Treatment Guidelines Anti-inflammatory medications; NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific.

Decision rationale: This patient presents with right arm pain and neck pain. The treater has asked for Sulindac 200mg, 1 tablet twice a day on 7/31/14. Patient has been taking Sulindac since 6/5/14 report. Regarding NSAIDS, MTUS recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to acetaminophen, and chronic low back pain for short term symptomatic relief. In this case, the treater does not indicate whether or not Sulindac has been helpful. Page 60 of MTUS require documentation of pain and function when medications are used for chronic pain. Given the lack of any indication that this medication is helpful, this request is not medically necessary.

Lidoderm 5 percent Patch 1 every 12 hours: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch); Topical Analgesics Page(s): 56-57; 111-113.

Decision rationale: This patient presents with right arm pain and neck pain. The treater has asked for Lidoderm 5% patch 1 every 2 hours on 7/31/14. Patient has been using lidocaine patches since 4/10/14. The 5/8/14 report states "she said the patch has helped significantly." The 7/31/14 report states that patient uses Lidocaine patch for her neck pain, but does not have enough to apply to upper extremity. MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain." When reading ODG guidelines, lidocaine patches are indicated for neuropathic pain that is peripheral and localized. In this case, it is being used for the patient's neck pain for which it is not indicated. It may be indicated for the patient's CRPS if pain is localized but CRPS typically present with diffuse pain of the limb. Given the lack of support from the guidelines, this request is not medically necessary.

Cymbalta 60mg capsuel, delayed release, 1 once a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 43-44; 70-73; 5.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs); Duloxetine (Cymbalta) Page.

Decision rationale: This patient presents with right arm pain and neck pain. The treater has asked for Cymbalta 60mg capsule delayed release 1 a day on 7/31/14. Patient has been taking Cymbalta since 4/10/14. Regarding Cymbalta, MTUS page 16, 17 states "Duloxetine

(Cymbalta): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. 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 patient presents with CRPS and radicular symptoms as chronic pain for which Cymbalta may be indicated. However, the treater does not discuss this medication's efficacy. There is no documentation of how Cymbalta has resulted in pain reduction and functional improvement. MTUS page 60 states, "A record of pain and function with the medication should be recorded." Given the lack of any documentation regarding how this medication is or is not working, this request is not medically necessary.