

Case Number:	CM14-0140170		
Date Assigned:	09/08/2014	Date of Injury:	12/01/2010
Decision Date:	10/03/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/29/2014

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 Texas. 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:

Medical records reflect the claimant is a 66 year old male who sustained a work injury on 12-1-10. Office visit on 6-9-14 notes the claimant has shoulder pain, swelling, and tenderness rated as 7-8/10. He also has cervical pain with numbness and tingling in the right and left arm, radicular pain in the right and left arm as well as weakness. The claimant has a history of two left shoulder surgeries without improvement. The claimant is currently being treated with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - anti epilepsy

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that this medication is recommended for neuropathic pain. This claimant has radicular complaints to

bilateral upper extremities with weakness and tingling. Therefore, this request is medically necessary.

Cymbalta 60mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - anti depressants

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG reflect that anti-depressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. This claimant has chronic neck and shoulder complaints. He is status post two shoulder surgeries without improvement. He notes weakness, tingling in his upper extremities. Therefore, this request is medically necessary.

Naprosyn 500mg #60:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - NSAIDs

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG reflect that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is an absence in documentation documenting medical necessity for the long term use of an NSAID. There is no documentation of functional improvement with this medication. Therefore, this request is not medically necessary.

Lunesta 1mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - insomnia treatment

Decision rationale: ODG reflect that Lunesta has demonstrated reduced sleep latency and sleep maintenance. However, there is an absence in documentation noting this claimant sleep pattern, other first line modalities used to treat the reported insomnia or that this diagnosis has been confirmed by objective measures. Therefore, this request is not medically necessary.

