

Case Number:	CM14-0154695		
Date Assigned:	09/24/2014	Date of Injury:	11/11/1997
Decision Date:	10/27/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/22/2014

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 Medicine and is licensed to practice in North Carolina. 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 65-year-old with a reported date of injury of 11/11/1997. The patient has the diagnoses of chronic pain syndrome, cervicgia, cervical spondylosis without myelopathy and headache. The past treatment modalities have included trigger point injection, physical therapy and chiropractic care. Per the most recent progress report provided by the primary treating physician dated 08/13/2014, the patient had complaints of upper neck pain and right-sided occipital headache. The physical exam noted facet tenderness in the cervical spine on the right worse than the left and positive facet loading sign on the right. Treatment plan recommendations included the continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cymbalta, Page(s): 15-16.

Decision rationale: The California chronic pain medical treatment guidelines section on antidepressants and specifically Cymbalta states: "Selective serotonin and norepinephrine

reuptake inhibitors (SNRIs): 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. (Dworkin, 2007) No high quality evidence is reported to support the use of Duloxetine for lumbar radiculopathy. (Dworkin, 2007) More studies are needed to determine the efficacy of Duloxetine for other types of neuropathic pain. Side effects: CNS: dizziness, fatigue, somnolence, drowsiness, anxiety (3% vs.2% for placebo), insomnia (8-13% vs. 6-7% for placebo). GI: nausea and vomiting (5-30%), weight loss (2%)." This patient does not have the diagnosis of neuropathic pain, anxiety, depression or fibromyalgia. In the absence of these diagnoses, the medication is not indicated. Therefore the request is not medically necessary.

Imitrex 50mg #5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Head Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician' desk reference

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested medication. Per the PDR, Imitrex is indicated: "For use in adults with migraine headache with or without aura. Imitrex should not be used in the treatment of non-migraine headache including tension headache. The patient has the diagnoses of cervicgia and headache. The type of headache that the patient has is not defined per the progress notes. It is simply described as occipital in nature." The progress notes do indicate the patient has previously seen a neurologist, but these progress notes are not available for review. In the absence of the indicated disease state, the medication cannot be medically necessary.

Naprosyn 375mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 71-73.

Decision rationale: The California chronic pain medical treatment guideline section on NSAID therapy states: Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to

suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with Naprosyn being the safest drug). There is no evidence of long-term effectiveness for pain or function." This medication is recommended at the lowest possible dose for the shortest period of time. The duration of "shortest period of time" is not defined in the California MTUS. The patient has no mentioned cardiovascular, renovascular or gastrointestinal side-effects or risk factors. The dosage prescribed is within recommendations. Therefore the request is medically necessary.