

Case Number:	CM14-0154914		
Date Assigned:	09/30/2014	Date of Injury:	06/04/1991
Decision Date:	10/28/2014	UR Denial Date:	09/16/2014
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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine 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 injured worker is a 57-year-old female with a date of injury of 6/4/1991. The patient's industrially related diagnoses include CRPS (Complex Regional Pain Syndrome) of the right upper extremity with mirror image finding to the left upper extremity, carpal tunnel syndrome, insomnia, and depression. Right shoulder MRI on 4/19/2012 showed mild AC joint arthritis and Type 2 acromium. The disputed issues are MRI right shoulder, Provigil 100mg, Cymbalta 30mg, and Celebrex 200mg. A utilization review determination on 9/16/2014 had non-certified these requests. The stated rationale for the denial of Cymbalta 30mg was "there was no rationale for the necessity of Cymbalta prescription beyond the recommended dosage." The stated rationale for the denial of a right shoulder MRI was "there is indication that on 2012 the patient underwent a shoulder MRI. However, there is no indication if the patient's symptoms have significantly changed with respect to the right shoulder, and if the MRI will significantly change the treatment plan at this pint given concurrent CRPS and limited recommendation for surgical procedure in light of this condition." Provigil 100mg was denied because "it is unclear why the patient is on this medication, and there is no rationale given in the documentation regarding this." Lastly, Celebrex 200mg was denied because "there is no mention of a history of GI bleed or disorder, or a reason why the patient cannot use NSAIDS. There is no evidence the patient has used NSAIDS and failed them for some reason."

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208, 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter (updated 04/18/12), Magnetic Resonance Imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Magnetic resonance imaging (MRI)

Decision rationale: In regards to an MRI of the right shoulder, the ACOEM Guidelines state that more specialized imaging studies are not recommended during the 1st month to 6 weeks of activity limitation due to shoulder symptoms except when a red flag is noted on history or examination. Cases of impingement syndrome are managed the same whether or not radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Guidelines go on to recommend imaging studies for physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Furthermore, the Official Disability Guidelines referenced above recommend MRI of the shoulder for subacute shoulder pain with suspicion of instability/labral tear or following acute shoulder trauma with suspicion of rotator cuff tear/impingement with normal plain film radiographs. In the progress report dated 7/2/2014 the treating physician notes that the pain was relieved by pain/RX meds and Aqua Therapy. The Utilization Review documented that a right shoulder MRI was done on 4/19/2012. The guidelines state, "repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." There was insufficient documentation providing clinical evidence to support the need for a repeat MRI. The treating physician did not document that the injured worker failed conservative treatment options. Furthermore, it is unclear how an MRI will change the injured worker's current treatment plan. According to the guidelines, a right shoulder MRI is not medically necessary at this time.

Provigil 100mg #3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA: Provigil (<https://www.drugs.com/pro/provigil.html>)

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

Decision rationale: The California MTUS and ACOEM are silent regarding the use of Provigil, and the Official Disability Guidelines state that Provigil is not recommended solely to counteract sedation effects of narcotics. Provigil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. There is no indication that the injured worker has a diagnosis of narcolepsy or shift work sleep disorder in the progress reports made available for review.

Furthermore, the treating physician does not document the reason for the use of Provigil. Therefore, based on the ODG, Provigil 100mg is not medically necessary.

Cymbalta 30 mg 1 tablet every morning, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Antidepressants <http://www.drugs.com/momograph/cymbalta.html>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants Page(s): 13-17.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that antidepressants in general are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Cymbalta is a selective serotonin and norepinephrine reuptake inhibitor (SNRI) and is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is used off-label for neuropathic pain and radiculopathy. Cymbalta is recommended as a first-line option for diabetic neuropathy. Recommend dose is 60 mg once a day as an off-label option for chronic pain syndromes. In the progress report dated 9/3/2014, the treating physician documented that the injured worker also has depression and takes Cymbalta 30mg one tablet in the AM and 2 tablets in the evening. On physical exam, the treating physician documents that mood and affect are appropriate to situation. Furthermore, pain relief is documented with the use of the medication. While the recommended dose for chronic pain syndromes is 60mg daily, the maximum dose for the treatment of depression is 120mg/day. Therefore the request for Cymbalta 30mg one tablet every morning #30 is medically necessary.

Celebrex 200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, NSAIDSFDA: Celebrex

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, Page(s): 30-70.

Decision rationale: Celebrex is a non-steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. The Chronic Pain Medical Treatment Guidelines state that Celebrex may be considered if the patient is at intermediate or high risk of GI complications. In the progress report dated 9/3/2014, the treating physician documented that the injured worker had no GI symptoms. There is no documentation to indicate that the injured worker is at risk for gastrointestinal events. The guidelines recommend non-selective NSAIDs for patients with no risk factor and no

cardiovascular disease. There is no documentation available for review indicating that the injured worker has failed non-selective NSAIDs. Based on the guidelines referenced above, Celebrex 200mg #60 is not medically necessary at this time.