

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0155759 | | |
| Date Assigned: | 09/25/2014 | Date of Injury: | 12/18/2010 |
| Decision Date: | 10/27/2014 | UR Denial Date: | 09/15/2014 |
| Priority: | Standard | Application Received: | 09/23/2014 |

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 36-year-old female with a 12/18/10 date of injury. At the time (9/5/14) of request for authorization for 30 capsules of Cymbalta Delayed Release 60mg, 90 tablets of Ibuprofen 600mg, and 30 tablets of Tizanidine HCL 4mg (2 Refills), there is documentation of subjective (chronic severe neck pain radiating down the right shoulder, severe headaches, and severe right shoulder pain radiating to the right hand and fingers with numbness) and objective (painful cervical and right shoulder range of motion, taut and tender fibers over the cervical spine, tenderness over the right shoulder, positive cervical compression test, and positive right shoulder depression test) findings, current diagnoses (cervical pain, headache, and right shoulder pain), and treatment to date (ongoing therapy with Cymbalta, Tizanidine, and Ibuprofen). Regarding 30 capsules of Cymbalta Delayed Release 60mg, there is no documentation of depression, generalized anxiety disorder, or pain related to diabetic neuropathy; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Cymbalta. Regarding 90 tablets of Ibuprofen 600mg, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Ibuprofen. Regarding 30 tablets of Tizanidine HCL 4mg (2 Refills), there is no documentation of spasticity or acute exacerbation of chronic pain, short-term (less than two weeks) treatment, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 capsules of Cymbalta Delayed Release 60mg: Upheld

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 Duloxetine (Cymbalta) Page(s): 43-44. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state Cymbalta is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). In addition, MTUS Chronic Pain Medical Treatment Guidelines identify documentation of depression, generalized anxiety disorder, or pain related to diabetic neuropathy, as criteria necessary to support the medical necessity of Cymbalta. MTUS-Definitions identify that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical pain, headache, and right shoulder pain. However, there is no documentation of depression, generalized anxiety disorder, or pain related to diabetic neuropathy. In addition, given documentation of ongoing treatment with Cymbalta, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Cymbalta. Therefore, based on guidelines and a review of the evidence, the request for 30 capsules of Cymbalta Delayed Release 60mg is not medically necessary.

90 tablets of Ibuprofen 600mg: Upheld

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 (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identify documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identify that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical pain, headache, and right shoulder pain. In addition, there is documentation of chronic pain. However,

given documentation of ongoing therapy with Ibuprofen, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Ibuprofen. Therefore, based on guidelines and a review of the evidence, the request for 90 tablets of Ibuprofen 600mg is not medically necessary.

30 tablets of Tizanidine HCL 4mg (2 Refills): Upheld

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 Antispasticity/Antispasmodic Drugs (Tizanidine (Zanaflex)) Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) and Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identify documentation of spasticity, as criteria necessary to support the medical necessity of Tizanidine. MTUS-Definitions identify that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses cervical pain, headache, and right shoulder pain. In addition, there is documentation of chronic pain. However, there is no documentation of spasticity or acute exacerbation of chronic pain. In addition, given documentation of ongoing treatment with Tizanidine, there is no documentation of short-term (less than two weeks) treatment. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Tizanidine. Therefore, based on guidelines and a review of the evidence, the request for 30 tablets of Tizanidine HCL 4mg (2 Refills) is not medically necessary.