

Case Number:	CM14-0041120		
Date Assigned:	07/07/2014	Date of Injury:	08/31/1990
Decision Date:	10/09/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/07/2014

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 Internal 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 patient is a 64 year old female who was injured on 08/31/1990. The mechanism of injury is unknown. RFA dated 02/20/2014 states the patient presented with complaints of pain in her neck that radiates to her shoulders and across her low back and into the right hip. With and without her medications, her pain is rated as 4/10. Objective findings on exam revealed flexion of 90 degrees and extension of 0 degrees with pain. She has tenderness to palpation across her neck and back. Lower extremity strength is 5/5 except the right knee extension, ankle dorsi and plantar flexion where the strength is 4/5. The patient is diagnosed with shoulder pain in the joint, lower leg pain in the joint and lumbago. The patient was prescribed Evoxac 30 mg for dry mouth, Cymbalta 60 mg for pain and Frova 2.5 mg for migraines. Prior utilization review dated 03/14/2014 states the request for Cymbalta 60 mg #30 was approved; Frova 2.5 mg #30 is denied as there is no evidence to support the request; and Evoxac 30 mg #90 is denied as there is no indication for its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60 mg #30: 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 Official Disability Guidelines (ODG), Pain, Duloxetine (Cymbalta®)

Decision rationale: The guidelines recommend Cymbalta as an option for treatment of anxiety, depression, diabetic neuropathy, and fibromyalgia. The patient continues to complain of 4/10 pain despite the use of her medications. It is unclear how long the patient has been on Cymbalta and what clinical benefits the patient is experiencing from the medication. It is unclear which specific diagnosis the patient is on Cymbalta for and if she is experiencing any side effects. The clinical documents should discuss the indication and benefit of Cymbalta in order to justify ongoing use. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Frova 2.5 mg #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), Head, Migraine pharmaceutical treatment

Decision rationale: CA MTUS is silent regarding the request. The guidelines recommend the use of triptan medications for migraines on an as needed basis. The clinical documents did not discuss the patient's history of migraine headaches in sufficient detail. It is unclear how long the patient has been utilizing Frova and what benefits the patient has from the medication. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Evoxac 30 mg #90: 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 Other Medical Treatment Guideline or Medical Evidence: http://www.emedicinehealth.com/drug-cevimeline/article_em.htm

Decision rationale: CA MTUS and ODG is silent regarding the request. Evoxac is a medication generally used to treat dry mouth associated with Sjogren's disease. The clinical documents did not discuss the patient's subjective and objective findings of dry mouth in sufficient detail. It is unclear why the patient is utilizing this medication. It is also unclear if the patient is experiencing benefit from the ongoing use of this medication. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.