

Case Number:	CM14-0051050		
Date Assigned:	07/07/2014	Date of Injury:	02/07/2013
Decision Date:	08/22/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/18/2014

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 Occupational 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:

Patient is a 41-year-old with date of injury February 7, 2013. The most recent medical document associated with the request for authorization, a primary treating physician's progress report, dated May 28, 2014, lists subjective complaints as pain in the neck and low back. Objective findings: Examination of the cervical and lumbar spine revealed tenderness to palpation. MRI reports of the shoulders reveal tendinitis, right greater than left with no evidence of rotator cuff repair. Diagnosis: 1. Headaches, by history 2. Cervical disc disease 3. Bilateral shoulder strain 4. Lumbar disc disease. The medical records provided for review document that the patient has been taking the following medications for at least as far back as 4 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 200 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

Decision rationale: According to the Official Disability Guidelines, Nucynta is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. There is no documentation in the medical record that the patient has developed intolerable adverse effects to the current narcotic regimen. The request for Nucynta ER 200 mg is not medically necessary or appropriate.

Cymbalta 30mg (brand only): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta (Duloxetine) Page(s): 15-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, P Page(s): 14, 105.

Decision rationale: Cymbalta is recommended as an option in depressed patients for non-neuropathic pain, but effectiveness is limited. The medical record fails to document depression secondary to chronic pain. Therefore, the request for Cymbalta 30mg (brand only) is not medically necessary or appropriate.

Tizanidine 5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63.

Decision rationale: Tizanidine is a drug that is used as a muscle relaxant. The Chronic Pain Medical Treatment Guidelines states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant for an extended period of time. Therefore, the request for Tizanidine 5mg is not medically necessary or appropriate.

Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI Symptoms & Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines and prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age greater than 65 years; (2) history of peptic ulcer, GI (gastrointestinal) bleeding or perforation; (3) concurrent

use of ASA (acetylsalicylic acid), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAIDs (non-steroidal anti-inflammatory drugs). There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. The request for Omeprazole 20mg is not medically necessary or appropriate.