

Case Number:	CM14-0055751		
Date Assigned:	08/08/2014	Date of Injury:	12/19/2003
Decision Date:	10/10/2014	UR Denial Date:	03/22/2014
Priority:	Standard	Application Received:	04/25/2014

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 Nevada. 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 73 year old female who had a work-related injury on 12/19/03. Mechanism of injury is not described. The only medical record submitted for review is dated 12/12/13. At that visit, the injured worker was feeling frustrated and depressed regarding her current situation. She stated that she has been having diarrhea with nausea and vomiting. She denies having any fever. She has been feeling fatigued and with no energy. She has been complaining of constant daily headaches. She was seen and evaluated by a neurologist. Unfortunately, diagnostic studies requested have not been authorized by her insurance. The injured worker is somatically focused. She has poor sleep due to her chronic pain. Physical examination noted the injured worker is alert, awake, and not in respiratory distress. She is tearful. She is well-dressed. She is not using any assisted devices when ambulated. She has decreased cervical range of motion with flexion, extension, side bending, and rotation. She has multiple trigger points to her cervical paraspinals. Her speech is clear and coherent. Mood is slightly agitated. There is no drowsiness or dizziness. Diagnoses include chronic neck pain secondary to cervical degenerative disc disease, rotator cuff syndrome, bilateral carpal tunnel syndrome, chronic pain syndrome, neuropathic pain, chronic daily headaches, anxiety, and depression. Prior utilization review dated 03/12/14 non-certified. Current request is for evaluation and treatment with neurologist regarding headaches, a functional restoration program evaluation and treatment, Cymbalta 60mg quantity non-specified, Voltaren gel dosage and quantity non-specified, Dexillan dosage and quantity non-specified, and Cymbalta 60mg given samples.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 evaluation and treatment with neurologist regarding headaches: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179, 166,180.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s)127

Decision rationale: The request for 1 evaluation and treatment with neurologist [REDACTED] regarding headaches is not medically necessary. The injured worker has already seen and evaluated by [REDACTED]. The clinical information submitted for review, does not explain why she needs another referral, therefore medical necessity has not been established.

1 Function Restoration Program evaluation and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (functional restoration programs) .:

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-34.

Decision rationale: The request for 1 Function Restoration Program evaluation and treatment is not medically necessary. The clinical documentation submitted for review does not support the request. There is only one clinical note submitted for review, it does not clarify why the injured worker needs a functional restoration program. Due to lack of clinical documentation, medical necessity has not been established.

Cymbalta 60mg (quantity not specified): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388,Chronic Pain Treatment Guidelines Cymbalta (duloxetine) : Anti-depressants or anti-psychotic medica.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 44.

Decision rationale: As noted on page 44 of the Chronic Pain Medical Treatment Guidelines, Cymbalta is recommended as an option in first-line treatment of neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has Food and Drug Administration approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, with effect found to be significant by the end of week 1. The clinical documentation establishes the presence of objective findings of depression. As such medical necessity has been established.

Voltaren Gel (dosage or quantity not specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac, topical (Flector, Pennsaid, Voltaren Gel).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Voltaren Gel (diclofenac) Page(s): 112.

Decision rationale: As noted on page 112 of the Chronic Pain Medical Treatment Guidelines, Voltaren Gel (diclofenac) is not recommended as a first-line treatment. Diclofenac is recommended for osteoarthritis after failure of an oral non-steroidal anti-inflammatory drug (NSAID), contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac, including topical formulations. According to Food and Drug Administration MedWatch, post-marketing surveillance of diclofenac has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. With the lack of data to support superiority of diclofenac over other NSAIDs and the possible increased hepatic and cardiovascular risk associated with its use, alternative analgesics and/or non-pharmacological therapy should be considered. As such the request for this medication cannot be recommended as medically necessary at this time.

Dexilliant (dosage and quantity not specified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Dexilliant (Proton Pump Inhibitors):University of Michigan Health Systems, Gastroesophageal reflux disease (GERD), Ann Arbor(MI): University of Michigan Health System: 2012 May. 12p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - online version Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), Proton pump inhibitors (PPIs)

Decision rationale: The request for Dexilliant (dosage and quantity not specified) is not medically necessary. Dexilliant is not a 1st line proton pump inhibitor, there is no dosage or quantity specified, therefore, medical necessity has not been established.

Cymbalta 60mg (given samples): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308,Chronic Pain Treatment Guidelines Cymbalta (duloxetine):Anti-depressants or anti-psychotic medicati.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 44.

Decision rationale: As noted on page 44 of the Chronic Pain Medical Treatment Guidelines, Cymbalta is recommended as an option in first-line treatment of neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, with effect found to be significant by the end of week 1. The clinical documentation establishes the presence of objective findings of depression. As such medical necessity has been established.