

<b>Case Number:</b>	CM14-0056871		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	02/20/2002
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### **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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain, chronic facial pain, chronic leg pain, and chronic regional pain syndrome reportedly associated with an industrial injury of February 28, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; adjuvant medications; and various interventional procedures. In a Utilization Review Report dated April 17, 2014, the claims administrator partially certified a request for Cymbalta with three refills, of Cymbalta with one refill, denied omeprazole outright, partially certified Naprosyn with one refill, and partially certified gabapentin with one refill. The applicant's attorney subsequently appealed. In a June 17, 2014 progress note, the applicant reported persistent complaints of right upper extremity pain. Request for shoulder surgery had reportedly been denied through the utilization review process. It was noted that the applicant was on gabapentin. At this point, however, it was stated that the applicant had significantly diminished usage of the shoulder. Severe, 9/10 shoulder and neck pain were also noted. The applicant was using Norco, Naprosyn, Neurontin, Prilosec, Klonopin, and Ketoprofen. Also mentioned was that the applicant was using Omeprazole twice daily for gastric irritation with other medications. There is no discussion of the applicant's response to earlier usage of Omeprazole or other medications. On April 21, 2014, the applicant was described as tearful, depressed, and off of work, on total temporary disability.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cymbalta 60mg QD (every day) #30 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants for chronic pain Page(s): 13-16.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that "it often takes "weeks" for antidepressants to exert their maximal effect," in this case, however, it appears that the applicant has been using Cymbalta, an antidepressant medication, for what appears to be several months. The applicant does not appear to have effected any improvements in mood or function with ongoing usage of Cymbalta. The applicant remains off of work, on total temporary disability and, per an April 21, 2014 progress note, remained tearful and very depressed. It does not appear, in short, that ongoing usage of Cymbalta has been beneficial in terms of the functional improvement parameters established in MTUS guidelines. Therefore, the request is not medically necessary.

**Omeprazole 20mg bid (twice a day) #60 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), gastrointestinal symptoms and cardiovascular risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69, 7.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitor such as Omeprazole to combat issues with NSAID-induced dyspepsia, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider has not stated how (or if) ongoing usage of Omeprazole has been beneficial. The attending provider has not stated that ongoing usage of Omeprazole has attenuated or diminished the applicant's issues with medication-induced gastritis. The attending provider simply refilled Omeprazole without any discussion of medication efficacy. Therefore, the request is not medically necessary.

**Naprosyn 550mg bid (twice a day) #60 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22, 7.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medication such as Naprosyn do represent the traditional first-line of treatment for various chronic pain conditions, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off of work, on total temporary disability. The applicant's pain complaints appeared to be heightened, and were scored in the 9/10 range on a June 17, 2014 office visit, referenced above. The applicant is having significant difficulty using the impacted right upper extremity. All the above, taken together, suggest a lack of functional improvement as defined in MTUS Guidelines despite ongoing usage of Naprosyn. Therefore, the request is not medically necessary.

**Gabapentin 6000mg tid (three times a day) #90 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs) Page(s): 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 19.

**Decision rationale:** As noted on page 19 of the MTUS Chronic Medical Treatment Guidelines, "applicants using Gabapentin should be asked "at each visit" as to whether there have been improvements in pain or function with the same." In this case, however, the applicant is off of work and on total temporary disability. The applicant's ability to use the impacted right upper extremity appears to be diminished, as opposed to improved, despite ongoing usage of Gabapentin. Per the medical records provided indicating that ongoing usage of Gabapentin has failed to produce requisite improvements in pain and/or function needed to justify continuing the same. Therefore, the request is not medically necessary.

**Klonopin 0.5mg bid (twice a day) #60 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazapines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, anxiolytic medications may be appropriate for brief periods, in cases of overwhelming symptoms, so as to afford an applicant the ability to recoup emotional or physical resources. In this case, however, the attending provider has endorsed usage of Klonopin for chronic, long term, scheduled, and twice daily use purposes, for anxiety and depression. This is not an appropriate indication for the same, per ACOEM. Therefore, the request is not medically necessary.

