

Case Number:	CM14-0069151		
Date Assigned:	09/18/2014	Date of Injury:	05/06/2011
Decision Date:	11/03/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/14/2014

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:

Past medication history as of 09/10/2014 included Lexapro 10 mg, Nucynta 60 mg, Pennsaid 1.5% as well as other listed medications (No VAS was provided). Progress report dated 09/10/2014 states the patient complained of low back pain and bilateral shoulder pain. Objective findings on exam revealed restricted range of motion of the lumbar spine with flexion limited to 45 degrees; extension limited to 7 degrees; right lateral bending limited to 10 degrees and left lateral bending limited to 10 degrees but normal lateral rotation. The right shoulder revealed restricted movements with flexion to 90 degrees; extension limited to 12 degrees; abduction limited to 90 degrees; adduction limited to 12 degrees and passive elevation limited to 90 degrees. The patient is diagnosed with cervical radiculopathy; lumbar radiculopathy, shoulder pain; fibromyalgia and myositis; and low back pain. The patient was recommended to continue with Lexapro 10 mg as she felt it helps with her mood and Nucynta 50 mg #90 as it helps to reduce pain from 8/10 to 4/10 allowing her to walk for 45 minutes with minimal pain with the medication versus 20 minutes without it. Prior utilization review dated 04/14/2014 states the requests for Lexapro 10mg #30 quantity 1; and Nucynta 50mg #90 quantity 1 are denied as there is no documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lesapro 10mg #30 quantity 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: The guidelines recommend Lexapro as an option in the treatment of depression and general anxiety disorder. The clinical documents state the patient has a diagnosis of general anxiety disorder and major depressive disorder. The clinical documents identify many of the signs and symptoms associated with depression and anxiety. The documents state that the patient has had a positive response from Lexapro. The patient is benefiting from Lexapro and has been utilizing it for FDA approved conditions. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.

Nucynta 50mg #90 quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-96.

Decision rationale: The guidelines recommend chronic opioid therapy for chronic pain for patients who show improved analgesia, improved ADLs/level of functioning, no aberrant behavior, and no significant adverse effects. Additionally, there should be urine drug screening performed to ensure compliance. The interval between urine drug screenings is determined by the patient's risk for substance abuse, but low risk based should be screened on a yearly basis. It is unclear when the patient's last urine drug screening test was performed. It is unclear if the patient has demonstrated any aberrant behavior to warrant increased urine drug screening. Additionally, a frequency of administration was not provided with the medication. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.