

Case Number:	CM14-0069510		
Date Assigned:	07/16/2014	Date of Injury:	12/01/2006
Decision Date:	10/14/2014	UR Denial Date:	04/16/2014
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 Physical Medicine and Rehabilitation 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 records presented for review indicate that this 47-year-old female was reportedly injured on December 1, 2006. The mechanism of injury was stated to be increased pain from cumulative trauma. The most recent progress note, dated March 27, 2014, indicates that there are ongoing complaints of upper back pain, neck pain, and right shoulder pain. Current medications include Lidoderm patches, Nuvigil, soma, Cymbalta 30 mg, Cymbalta 60 mg, Voltaren gel, OxyContin, and Rozerem. The physical examination demonstrated decreased cervical spine range of motion and tenderness over the paravertebral muscles with spasms. There was also tenderness over the rhomboid's and trapezius. Examination the right shoulder revealed a positive Hawkins test and a negative crossover test. There was tenderness at the acromioclavicular joint, supraspinatus, and infraspinatus. There was a normal upper extremity neurological examination. Upper extremity nerve conduction studies were normal. Diagnostic imaging studies of the cervical spine show a disc bulge at C4 - C5 and spinal stenosis from C3 through C7. Previous treatment includes cervical spine epidural steroid injections and trigger point injections. A request had been made for Cymbalta 60 mg, Cymbalta 30 mg, soma, and OxyContin 30 mg and was not certified in the pre-authorization process on April 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg one daily #30 with one refill: Overturned

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 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 43, 105 of 127..

Decision rationale: A review of the attach medical record indicates that the injured employee has depression secondary to chronic pain. It is also stated that Cymbalta has been working well for this condition. As such, this request for Cymbalta 60 mg is medically necessary.

Soma 350mg #60: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 29 of 127.

Decision rationale: Soma (Carisoprodol) is a muscle relaxing type medication whose active metabolite is meprobamate which is highly addictive. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. Also, The California MTUS specifically recommends against the use of soma and indicates that it is not recommended for long-term use. Additionally, the most recent progress note does not indicate that there are exacerbations of pain on physical examination. As such, this request for soma is not medically necessary.

Oxycontin 30mg #180: 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 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 75, 78, 92, & 97.

Decision rationale: The California MTUS Guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no documentation of improvement in their pain level or function with the current treatment regimen. In the absence of subjective or objective clinical data, this request for OxyContin 30 mg is not considered medically necessary.

Cymbalata 30mg #30 with one refill: Overturned

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 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 43, 105 of 127..

Decision rationale: A review of the attach medical record indicates that the injured employee has depression secondary to chronic pain. It is also stated that Cymbalta has been working well for this condition. As such, this request for Cymbalta 60 mg is medically necessary.