

Case Number:	CM14-0096642		
Date Assigned:	09/22/2014	Date of Injury:	12/01/2006
Decision Date:	10/29/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/24/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 47-year-old female who reported a cumulative trauma injury on 12/01/2006. Current diagnoses include cervical disc degeneration, cervical disc disorder, and cervical pain. Previous conservative treatment was noted to include medication management, physical therapy, and home exercise. The current medication regimen includes Lidoderm patch, Nuvigil, Soma, Cymbalta, Voltaren gel, OxyContin, and Rozerem. The injured worker was evaluated on 04/23/2014 with complaints of neck and right shoulder pain and with poor sleep quality. The physical examination revealed restricted cervical range of motion, tenderness to palpation of the paracervical muscles, trapezius and rhomboid tenderness, positive Hawkins' test on the right, tenderness at the acromioclavicular joint and supraspinatus/infraspinatus of the right shoulder, normal motor strength, and intact sensation. Treatment recommendations at that time included continuation of the current medication regimen and home exercise program. A Request for Authorization Form was then submitted on 05/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg daily #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS Guidelines state Cymbalta has been FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used off label for neuropathic pain and radiculopathy. As per the documentation submitted, the injured worker has continuously utilized this medication since 10/2013. There is no documentation of objective functional improvement. Therefore, the current request is not medically appropriate.

Cymbalta 60mg daily #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS Guidelines state Cymbalta has been FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used off label for neuropathic pain and radiculopathy. As per the documentation submitted, the injured worker has continuously utilized this medication since 10/2013. There is no documentation of objective functional improvement. Therefore, the current request is not medically appropriate.

Lidoderm 5% patch #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state lidocaine is indicated for neuropathic pain or localized peripheral pain after there has been evidence of a trial of first line therapy. There is no documentation of a failure to respond to tricyclic or SNRI antidepressants or an anticonvulsant prior to the initiation of topical lidocaine. Additionally, the injured worker has continuously utilized this medication since 10/2013 without any evidence of objective functional improvement. Therefore, the current request is not medically appropriate.

Roserem 8mg at bedtime #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The Official Disability Guidelines recommend insomnia treatment based on etiology. Empirically supported treatment includes stimulus control, progressive muscle relaxation, and paradoxical intention. There is no documentation of objective functional improvement despite the ongoing use of this medication. The injured worker has continuously utilized this medication since 10/2013. The injured worker continues to present with complaints of difficulty sleeping. As such, the request is not medically appropriate.

Volteren 1% gel 110gm tube #3 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state the only FDA approved topical NSAID is Voltaren gel, which is indicated for the relief of osteoarthritis pain. It has not been evaluated for treatment of the spine, hip, or shoulder. Therefore, the current request is not medically appropriate.

Soma 350mg twice daily as needed # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. The injured worker has continuously utilized this medication since 10/2013. The guidelines do not recommend long term use of muscle relaxants. There is also no documentation of objective functional improvement. The injured worker continues to demonstrate paravertebral muscle spasm and tenderness. As such, the request is not medically appropriate.

Oxycontin 30mg 3 pills in the morning and 3 pills in the evening #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and

documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication since 10/2013. There is no documentation of objective functional improvement. The injured worker continues to present with complaints of neck and right shoulder pain, poor sleep quality, and activity limitation. Therefore, the request is not medically appropriate.

Nuvigil 250mg daily #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The Official Disability Guidelines state Nuvigil is not recommended solely to counteract sedation effects of narcotics. Armodafinil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. Therefore, the injured worker does not meet criteria for the requested medication. There is also no frequency listed in the request. As such, the request is not medically appropriate.