

Case Number:	CM14-0099318		
Date Assigned:	07/28/2014	Date of Injury:	10/23/2003
Decision Date:	10/28/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/27/2014

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 Tennessee, Florida and 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 records presented for review indicate that this 60 year old female was reportedly injured on October 23, 2003. The mechanism of injury is noted as a repetitive trauma type event. Diagnoses include bilateral carpal tunnel syndrome, status post multiple trigger point releases, right cubital tunnel syndrome, right shoulder impingement, right medial and lateral epicondylitis and right basal thumb arthritis. The most recent progress note, dated May 25, 2014, indicates that there are ongoing complaints of pain throughout the body. The physical examination revealed right elbow positive for cubital tunnel, decreased cervical range of motion with tenderness and decreased lumbar range of motion with tenderness, motor strength sensation and reflexes were intact. Diagnostic imaging studies were not presented. Previous treatment includes injection therapies, physical therapist, status post left total knee arthroplasty (as of 5/24/14), and treatment for compressive neuropathies. A request was made for multiple medications and was not certified in the preauthorization process on June 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, updated October, 2014

Decision rationale: When noting the limited medical records presented for review there is insufficient evidence presented to demonstrate any efficacy or utility with the use of this medication. While noting ongoing pain complaints, there is no improvement in the overall pain symptomology and there is no objectified increase overall functional abilities. Therefore, there is no demonstration that this medication has any efficacy or utility. Accordingly, the medical necessity has not been established.

Cymbalta 60mg po bid #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): 43, 105 of 127.

Decision rationale: This medication is noted to be a first line treatment for neuropathic pain. When noting the multiple compressive neuropathies, the surgical interventions, the totally arthroplasty, it is not clear what the primary pain generator is or is this medication has demonstrated any efficacy in addressing the pain. The pain complaints is not improved significantly; as such, the efficacy of this medication has not been established. Accordingly the medical necessity is not present.

Norco 10/325mg #30: 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): 74-78, 88, 91 of 127.

Decision rationale: As outlined in the MTUS, this is a short acting opioid use the management of intermittent moderate severe breakthrough pain. The MTUS also indicates that the lowest possible dose that improves pain complaints and increase his overall functionality is to be employed. There is no data presented to suggest that either these criterion are met. As such, one cannot ascertain in the medical necessity for this medication based on the limited clinical information presented for review. Therefore, this request is not medically necessary.

Neurontin 300mg #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): 16-20, 49 of 127.

Decision rationale: This is a medication that is a first line treatment for neuropathic pain. However there is insufficient clinical data presented to suggest that this medication is demonstrating any efficacy or utility in terms of increasing functionality or decreasing symptomology's. Therefore, based on the limited clinical information presented for review the medical necessity cannot be ascertained for this medication.

Prilosec 20mg #30: 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): 68 of 127.

Decision rationale: This medication is a protein pump inhibitor useful for the treatment for gastroesophageal reflux disease. This can also be considered a gastric protectorate against those individuals utilizing nonsteroidal medications. However, the progress notes presented for review do not indicate any subjective complaints of gastritis or any gastrointestinal distress. Furthermore there were no physical examination findings to suggest any compromise to the gastrointestinal system. As such, the clinical indication for this medication is not presented and the medical necessity cannot be established.