

Case Number:	CM14-0146663		
Date Assigned:	09/12/2014	Date of Injury:	09/29/2005
Decision Date:	07/27/2015	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49 year old female, who sustained an industrial injury on 9/29/05. She reported initial complaints of back pain. The injured worker was diagnosed as having cervicgia; pain in joint, shoulder region; pain in joint, hand. Treatment to date has included left scapular bursae injection (2/10/14); trigger point injections; medications. Currently, the PR-2 notes dated 8/7/14 indicated the injured worker has had kidney surgery (no date/no report) since she was last seen. She states she still has left neck and scapular pain. Her pain has been worse recently likely due to her recent surgery and limited mobility. She is requesting trigger point injections. She will occasionally have nausea from the medications. Objective findings are documented a slightly limited range of motion in the neck and upper extremities. She is noted to have tight and taut bands of muscle in her neck and shoulder region. Her upper extremity strength is 5/5/ and she has tenderness to palpation across her neck and scapular region. On this date, the provider administered 40mg of Kenalog/ 3cc Marcaine/and Lidocaine into the left scapular bursa. He has requested authorization of Cymbalta 60mg #60 and Lyrica 200mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 200mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Anti-epilepsy drugs (AEDs), p18-19 (2) Medications for chronic pain, p60.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for neck and scapular pain. When seen, she was having burning pain. Medications were decreasing pain from 9-10/10 to 5/10. There was decreased range of motion with tenderness and a trigger point. A trigger point injection was performed. Anti-epilepsy drugs such as Lyrica are recommended for neuropathic pain. Initial dosing of Lyrica is 50 mg three times per day with a maximum dose of up to 600 mg per day. In this case, the requested dosing is consistent with guideline recommendations and medically necessary.

Cymbalta 60 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DULOXETINE Page(s): 15-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta), p43-44.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for neck and scapular pain. When seen, she was having burning pain. Medications were decreasing pain from 9-10/10 to 5/10. There was decreased range of motion with tenderness and a trigger point. A trigger point injection was performed. In terms of Cymbalta (duloxetine), it can be recommended as an option in first-line treatment of neuropathic pain. The maximum dose is 120 mg per day. The requested dose is consistent with that recommended and medically necessary.