

Case Number:	CM14-0186794		
Date Assigned:	11/14/2014	Date of Injury:	10/15/2010
Decision Date:	01/05/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/10/2014

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 & Rehabilitation 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:

This 61 year old male reportedly sustained a work related injury on October 15, 2010. Diagnoses include neck sprain, cervicgia, lumbago and rotator cuff sprain. Electromyography (EMG) and nerve conduction studies (NCS) dated August 7, 2014 impression is lumbosacral radiculopathy process L5-S1 and acute mild ulnar nerve compromise of left wrist. Magnetic resonance imaging (MRI) of right knee on September 17, 2014 mentions pain due to a work related motor vehicle accident and notes chondromalacia and cartilage loss. Whole body bone scan dated September 18, 2014 showed degenerative change at L5 and arthritic change at right sternoclavicular junction. Magnetic resonance imaging (MRI) of right shoulder dated September 22, 2014 provides evidence of rotator cuff tear. Magnetic resonance imaging (MRI) of left shoulder dated September 22, 2014 noted partial rotator cuff tear. Magnetic resonance imaging (MRI) of lumbar spine revealed lower thoracic and lumbar disc degeneration. Primary treating physician report dated May 27, 2014 notes the injured worker underwent spinal fusion C5-C7 with marked improvement of upper extremity. He states the "neck feels about the same" and the headaches continue. The injured worker reported that only with the use of Norco can he continue to work. Pain is rated 7/10 and "toxicology was consistent with prescribed medications." Work restrictions are no lifting more than 5 pounds, no climbing, no bending and accommodations for position changes as needed. A qualified medical exam dated July 30, 2014 notes an op report for February 24, 2012 related to right shoulder impingement and partial rotator cuff repair. There is also mention of epidural steroid injection (ESI) at the end of 2012 and physical therapy with no result indicated. Primary treating physician report dated October 1, 2014 notes the injured worker sought a psychologist for psychotherapy due to being psychiatrically unstable. He returned to using Cymbalta out of pocket reporting suicidal ideation has subsided and feels better in regard to pain as well. Pain is described as 7-8/10 with medication and 8-10/10 without

medication and is currently waiting for epidural steroid injection (ESI) of lumbar spine. Medications are listed as ambient, cambia 50mg, Cymbalta 30mg, Flomax, ibuprofen 800mg, Losartan 25mg, Norco 10/325mg and potassium citrate. On October 15, 2014 Utilization Review found a request dated October 7, 2014 for Norco 10/325mg #78 every 4 hours as needed maximum 6 daily for 13 days and Cymbalta 30mg #90 with 2 refills was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #78: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: The patient presents with neck sprain, cervicalgia, lumbago and rotator cuff sprain as well as lower thoracic and lumbar disc degeneration. The patient had surgery on the right shoulder in 2012 and right knee 10 years ago. The current request is for Norco 10/325mg #78. The treating physician reports dated May 27, 2014 and June 24, 2014 states, "patient continues to report that only with the use of Norco can he continue working, which he does within his restrictions". The MTUS guidelines recommend the usage of Norco for the treatment of moderate to moderately/severe pain. MTUS recommends the usage of Norco with proper documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). In this case the treating physician has provided documentation that the patient has decreased pain with medication usage, improved ability to perform functional activities of daily living with medication usage and that the patient does not have any adverse effects or adverse behavior with Norco usage. On the May 27, 2014, the primary treating physician reports that the patient "denies any specific side effects." In this case the treating physician has provided documentation that the patient has decreased pain with medication usage, improved ability to perform functional activities of daily living and modified work activities with medication usage. Therefore the request is medically necessary.

Cymbalta 30mg #90 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17, 43-44.

Decision rationale: The patient presents with neck sprain, cervicalgia, lumbago and rotator cuff sprain as well as lower thoracic and lumbar disc degeneration. The patient had surgery on the right shoulder in 2012 and right knee 10 years ago. The current request is for Cymbalta 30mg #90 with 2 refills. The treating physician report dated September 19, 2014 states, that the patient

functions better with Cymbalta and that there is a "dangerous risk factor" for suicide if the patient is abruptly taken off Cymbalta. The guidelines state "Cymbalta is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain." In this case the treating physician has documented improved pain management with Cymbalta and suicidal thoughts/depression subsides while on the medication. Therefore the request is medically necessary.