

Case Number:	CM14-0188076		
Date Assigned:	11/18/2014	Date of Injury:	12/17/2009
Decision Date:	01/06/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/11/2014

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 New York. 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 41-year-old female who reported an injury on 12/17/2009. The mechanism of injury was not provided. Diagnoses included right shoulder strain with impingement syndrome, status post right shoulder arthroscopic surgery, left lateral epicondylitis, right wrist sprain with right scapholunate/lunotriquetral tears and minimal TFCC tear. Past treatments included medications, physical therapy, and surgery. On the clinical note dated 10/08/2014, the injured worker complained of bilateral shoulder pain and left elbow pain. Physical examination indicated shoulder flexion limited to 145 degrees and abduction to 120 degrees, positive impingement sign, and full range of motion to the left elbow. Current medications were indicated to be none. The request was for a Cymbalta 30 mg #30 two refills and Duexis 800 mg/26.6 mg #90 with 2 refills. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #30 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SNRIs (Serotonin Noradrenaline Reuptake Inhibitors) Page(s): 105.

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

Decision rationale: The request for Cymbalta 30mg #30 2 Refills is not medically necessary. The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and a psychological assessment. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. There is lack of documentation of sleep quality and duration, and a psychological assessment to have been performed. There was lack of documentation indicating the injured worker has neuropathic pain. Additionally, the request does not indicate the frequency of the medication. As such, the request for Cymbalta 30mg #30 2 Refills is not medically necessary.

Duexis 800mg/ 26.6mg #90 2 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 11th Edition(web) 2014, Pain (Chronic) Duexis (Ibuprofen & Famotidine)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: The request for Duexis 800mg/ 26.6mg #90 2 Refills is not medically necessary. The California MTUS Guidelines recommend nonsteroidal anti-inflammatory drugs at the lowest dose for the shortest period in patients with moderate to severe pain. The guidelines state anti-inflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. NSAIDs are recommended as an option for short term symptomatic relief for chronic low back pain. The medical records lack documentation of the efficacy of the medication, the time frame of efficacy, the efficacy of functional status that the medication provides, and the pain rating pre and postmedication. Additionally, the request does not indicate the frequency of the medication. As such, the request for Duexis 800mg/ 26.6mg #90 2 Refills is not medically necessary.