

<b>Case Number:</b>	CM14-0189668		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	12/18/2010
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 Rehab 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:

The patient is a 38 year old female with an injury date on 12/18/2010. Based on the 10/08/2014 progress report provided by the treating physician, the diagnoses are:1. Cervical (neck) pain2. Shoulder pain3. CTS (Carpal tunnel syndrome)4. Sleep disturbance, (insomnia, unspecified)5. Headaches ( Vascular)6. Depression7. AnxietyAccording to this report, the patient complains of 7/10 neck pain that radiates to the right shoulder area, 10/10 right shoulder pain with tingling and numbness, and weakness of the right hand with numbness. The patient also complains of 5/10 headaches that can last up to a few hours. Physical exam shows right hand numb and swollen of the middle finger. Examination is unchanged from 08/20/2014 report. Patient's treatment history includes right shoulder surgery on 01/24/2013 and "injection in the shoulder with no response."There were no other significant findings noted on this report. The utilization review denied the request for 90 tablets of Ibuprofen 600mg, 30 tablets of Tizanidine HCI 4 mg, 40 tablets of Ultracet 37.5/325mg, and 30 capsules of Cymbalta delayed release 60mg on 10/17/2017 based on the MTUS guidelines. The requesting physician provided treatment reports from 01/29/2014 to 10/08/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **90 Tablets of Ibuprofen 600mg: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain ,Anti-inflammatory medications ,non-steroidal anti-inflammatory dru.

**Decision rationale:** According to the 10/08/2014 report, this patient presents with neck pain at 7/10, right shoulder pain at 10/10, weakness of the right hand with numbness, and 5/10 headaches. Per this report, the current request is to start 90 tablets of Ibuprofen 600mg. The MTUS Guidelines page22 reveal the following regarding NSAID's, "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." In this case, the request to start Ibuprofen 600mg is medically necessary.

**30 Tablets of Tizanidine 4mg with 2 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs; Medications for chronic pain Page(s): 66; 60, 61.

**Decision rationale:** According to the 10/08/2014 report, this patient presents with neck pain at 7/10, right shoulder pain at 10/10, weakness of the right hand with numbness, and 5/10 headaches. Per this report, the current request for 30 tablets of Tizanidine HCl 4 mg with 2 refill. Tizanidine a muscle relaxant was first noted in the 04/08/2014 report. The MTUS guidelines page 66, "Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain." In this case, the patient presents with chronic pain and has had shoulder surgery. MTUS supports the use of Zanaflex. Per treating physician, the patient "has been stable at this time and needs to have the same medications. Zanaflex is helping. Overall the patient is improving." The current request for 30 tablets of Tizanidine HCl 4 mg with 2 refill is medically necessary and the treating physician has documented pain and function as required by MTUS page 60.

**40 Tablets of Ultracet 37.5/325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 60,61,88,89,76-78.

**Decision rationale:** According to the 10/08/2014 report, this patient presents with neck pain at 7/10, right shoulder pain at 10/10, weakness of the right hand with numbness, and 5/10 headaches. Per this report, the current request for 40 tablets of Ultracet (acetaminophen and tramadol) 37.5/325mg. This medication was first mentioned in the 04/08/2014report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use,

MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The treating physician states "Patient is getting all the medication which is lowering the pain and also help her to sleep and increase functional capacity." Patient's analgesia was documented but there were no before and after analgesia is provided. The treating physician does not discuss specific improvement in ADLs or document functional improvement. No return to work or opiate monitoring is discussed such as urine toxicology and CURES. Outcome measures are not documented as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. The treating physician has failed to properly document analgesia, ADL's, Adverse effects, and Adverse behavior as required by MTUS. The request is not medically necessary.

### **30 Capsules of Cymbalta Delayed Release 60mg: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15, 66, 9, 84, 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16,17.

**Decision rationale:** According to the 10/08/2014 report, this patient presents with 7/10 neck pain that radiates to the right shoulder area, 10/10 right shoulder pain with tingling and numbness, weakness of the right hand with numbness, and 5/10 headaches. Per this report, the current request for 30 capsules of Cymbalta delayed release 60mg. This medication was first mentioned in the 04/08/2014report; it is unknown exactly when the patient initially started taking this medication. For Cymbalta, the MTUS Guidelines page 16 and 17 states, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used for off-label neuropathic pain and radiculopathy. Duloxetine is recommended as a first line option for diabetic neuropathy." In this case, Cymbalta is prescribed for depression, anxiety and upper extremity neuropathic pain. The treating physician mentions patient "has been better with current medications. Better by 80 %. Happy on Cymbalta and other medications." The requested Cymbalta is supported by the guidelines. Recommendation is for authorization.