

<b>Case Number:</b>	CM14-0196243		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	01/24/2008
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Occupational Medicine, has a subspecialty in Interventional Spine, 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 applicant is a represented [REDACTED] employee who has filed a claim for shoulder pain reportedly associated with an industrial injury of January 24, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; earlier shoulder surgery; unspecified amounts of physical therapy; opioid therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated November 12, 2014, the claims administrator approved a request for buprenorphine while denying a request for nabumetone and Cymbalta. The claims administrator cited progress notes on November 6, 2014, October 9, 2014, and June 16, 2014, in its decision. In an April 16, 2014 progress note, the applicant reported ongoing complaints of shoulder pain and "disability." The applicant had chronic pain syndrome, the attending provider stated. The attending provider stated the applicant was not a candidate for any further shoulder surgery. In a progress note dated May 15, 2014, the applicant reported ongoing complaints of neck and bilateral shoulder pain. The applicant was having difficulty sleeping at night secondary to pain. The applicant stated that his anger and mood swings were worsened as a result of Cymbalta having been recently denied. The applicant stated that Cymbalta was attenuating his irritability, mood disturbance and headaches. The applicant stated that the Celebrex was not helping his pain. The applicant was reportedly using Protonix, Topamax, Flexeril, Voltaren, Cymbalta, and Celebrex, it was stated in another section of the note. Permanent work restrictions were renewed. It did not appear that the applicant was working with said limitations in place. Relafen was apparently introduced on this occasion while Celebrex and Flexeril were discontinued, as stated in the bottom of the report. On June 16, 2014, the applicant again reported ongoing complaints of neck and shoulder pain. The applicant stated that Cymbalta was decreasing the upper extremity paresthesias, and helping to reduce his headaches. The applicant was still smoking. Protonix, Voltaren gel, and Neurontin were

renewed, as were permanent work restrictions. On October 9, 2014, the applicant reported ongoing complaints of neck and shoulder pain. The applicant had apparently been asked to discontinue opioids in September 2013 apparently owing to inconsistent drug test results and/or inconsistent screening on opioid addictive agents. The applicant was depressed and had issues with sleep disturbance. The applicant was smoking eight cigarettes a day, it was stated. The applicant's medications included Relafen, Cymbalta, Voltaren gel, Protonix, and Neurontin. Surgical consultation of the bilateral shoulders was sought. There was no explicit discussion of medication efficacy insofar as nabumetone (Relafen) was concerned. The applicant's stated at the top of the report that he was not experiencing adequate pain relief with Relafen and Cymbalta, although he stated that Cymbalta was ameliorating his mood issues and/or attenuating his paresthesias.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**60 tablets of Nabumetone 500mg with 3 refills:** 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 Functional Restoration Approach to Chronic Pain Management, Anti-inflammatory Medication Page(s).

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medication such as nabumetone (Relafen) do represent the traditional first line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off of work, the applicant has himself reported ongoing usage of nabumetone (Relafen) failed to provide adequate analgesia. Ongoing usage of Relafen had failed to curtail the applicant's dependence on other forms of medical treatment, including adjuvant medications such as Neurontin and Cymbalta and/or topical agents such as Voltaren gel. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of nabumetone (Relafen). Therefore, the request was not medically necessary.

**15 capsules of Cymbalta 60 mg with 3 refills:** Overturned

**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 Duloxetine (Cymbalta) Page(s): 15.

**Decision rationale:** As noted on page 15 of the MTUS Chronic Pain Medical Treatment Guidelines, Cymbalta is FDA approved in the treatment of depression, one of the diagnoses present here, and can be employed off label for neuropathic pain and radiculopathy. The attending provider and applicant have, in contrast to nabumetone (Relafen) established that ongoing usage of Cymbalta has, in fact, proven effective in attenuating the applicant's upper extremity paresthesias and has augmented the applicant's mood, diminished the applicant's irritability. Continue the same, on balance, was indicated given the applicant's seemingly favorable response to the same. Therefore, the request was medically necessary.