

Case Number:	CM14-0200384		
Date Assigned:	12/10/2014	Date of Injury:	12/01/2010
Decision Date:	01/28/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	12/01/2014

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, 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 patient is a 48 year old male with an injury date of 12/01/10. The 10/21/14 progress report states that the patient presents with shoulder pain with swelling, tenderness and throbbing rated 7-8/10. The patient also presents with cervical pain/neck pain with numbness and tingling along with radicular pain and weakness in the bilateral arms rated 7-8/10. The treater states the patient is temporarily totally disabled until the next appointment for reassessment. Examination shows decreased sensation to light touch on the left at C6, C7 and C8 dermatomes with left biceps reflex and left brachioradialis reflex 1/4. The treater states this finding is worsening. Examination of the neck reveals pain to palpation over the C2 to C3, C3 to C4 and C4 to C5 facet capsules, left, secondary myofascial pain with triggering and ropey fibrotic banding pain. "Sperling's" and maximum foraminal compression test are positive. The treater notes the examination is worse with greater restriction in range of motion and pain. The patient's diagnoses include: 1. Chronic cervical spine pain likely associated with facet capsular tears and concurrent disk injury 2. Cervicogenic migraine like headaches associated with likely C2-C3 injury 3. Intra articular shoulder injury status post two surgeries 4. X-rays cervical spine indicate existence of retrolisthesis on flexion that correct with straightening that is less than 2 mm at C4-5 and C5-6. 5. X-rays (01/14/13) show osteoarthritis of the left glenohumeral joint and acromioclavicular joint 6. Left shoulder MRI 03/23/13 reveals mild partial tear at the infraspinatus and muscular tendinosis junction. 7. MRI cervical spine (03/23/13) reveals multilevel disc bugling. There may be small central protrusion at C5-6 and C6-7, mildly indenting the thecal sac. The patient received authorization for shoulder surgeon in April 2014 for orthopedic evaluation; however, the evaluation did not take place and authorization expired. Since that time the patient has remained untreated for pain in any context except medications.

The patient has a history of shoulder surgery in 2011 and 2012. The treater is requesting for evaluation with a spinal surgeon due to increasingly severe neuropathic pain and functional limitations and an ESI for pain. Current medications are listed as Cymbalta, Duragesic, Lunesta, Naprosyn, and Neurontin. The utilization review being challenged is dated 10/31/14. Progress reports were provided from 02/28/14 to 10/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg 3 PO daily #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta); Medication for chronic pain Page(s): 43-44; 60.

Decision rationale: The patient presents with neck and shoulder pain with radicular pain with numbness and tingling sensation and weakness into the bilateral arms. The treater requests for Cymbalta 60 mg 3 PO daily #90 with 3 refills (Duloxetine) per 10/21/14 report. The 10/31/14 utilization review modified this request from #90 with 3 refills to #45 with no refills. MTUS pp 43, 44 state that Duloxetine (Cymbalta) Recommended as an option in first-line treatment option in neuropathic pain. It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy. There is little discussion of this medication in the reports provided. The reports show the patient has been using this medication since at least October 2013. Discussion shows that Cymbalta is part of a regimen of medications to treat pain. On 02/28/14 the treater states this regimen decreases pain and suffering in the area of 50% with increased functional capacity. The treater also states, "...However, the patient also has side effects that are causing challenges." The medications causing side effects are not identified. Recent reports show that the patient's pain is worsening even with the use of Cymbalta and other medications. Recent reports also do not state whether or not this medication is helping the patient. MTUS page 60 requires that pain and function be recorded when medications are used for chronic pain. The request is not medically necessary.

Neurontin 300mg 1-2 tab PO t.i.d. #180 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin; Medication for chronic pain Page(s): 18-19; 60.

Decision rationale: The patient presents with neck and shoulder pain with radicular pain with numbness and tingling sensation and weakness into the bilateral arms. The treater requests for Neurontin 300 mg 1-2 TAB PO t.i.d. #180 with 3 refills per report of 10/21/14. The 10/31/14 utilization review modified this request from #180 with 3 refills to #90 with no refills. MTUS has

the following regarding Gabapentin (MTUS pg. 18, 19) Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. It is unclear how long the patient has been using this medication. It shows on reports from 07/18/14 to 10/21/14. In this case, this medication is indicated for neuropathic pain that is present in this patient. However, the reports provided do not state whether or not this medication helps the patient. MTUS page 60 requires that pain and function be recorded when medications are used for chronic pain. The request is not medically necessary.