

Case Number:	CM14-0201470		
Date Assigned:	12/11/2014	Date of Injury:	02/17/1997
Decision Date:	01/30/2015	UR Denial Date:	11/20/2014
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 Occupational Medicine 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 chronic neck and shoulder pain reportedly associated with an industrial injury of February 17, 1997. Thus far, the applicant has been treated with the following: Analgesic medications, cervical epidural steroid injection therapy, stellate ganglion block; earlier shoulder surgery with subsequent revision; opioid therapy; and apparent treatment to an opioid detoxification program of some kind. In a Utilization Review Report dated November 20, 2014, the claims administrator failed to approve request for Cymbalta, Lidoderm, and Neurontin. The claims administrator's decision was based on a variety of non-MTUS Guidelines, including non-MTUS Third Edition ACOEM Guidelines, and the non-MTUS ODG formulary. The claims administrator did not incorporate any guidelines into its rationale, however. The claims administrator stated that the applicant was using Cymbalta for issues with depression and that the applicant should continue using Cymbalta through an "alternate payment source." Thus, Cymbalta was apparently denied on causation grounds. The claims administrator referenced a progress note and RFA form of November 13, 2014 in its denial. On November 7, 2014, the applicant reported persistent complaints of neck, left shoulder, and left upper extremity pain. The applicant had undergone two prior shoulder surgeries. The applicant had residual cervical radicular complaints. The applicant had completed detoxification program in October 2013. The applicant stated that a recently prescribed Medrol Dosepak had significantly attenuated his shoulder pain complaints. The applicant was on Neurontin, lidocaine, and Cymbalta, it was acknowledged. 3/10 pain with medications was appreciated versus 8/10 pain without medications. The attending provider stated that the medications were beneficial, but did not elaborate further. The attending provider then stated, somewhat incongruously, at the bottom of the report, the applicant remained off of work, on total temporary disability. The attending provider stated that the applicant was using

Cymbalta for depression as provided by his psychiatrist. The applicant appeared uncomfortable from an affect standpoint, it was noted. In an earlier note dated October 28, 2014, the applicant reported severe left shoulder pain. The applicant was using Voltaren, Neurontin, and Lidoderm for his pain complaints and Cymbalta for his depression, it was noted. The attending provider stated that the applicant's pain scores were reduced by 20% with pain medication consumption. The applicant was asked to continue Cymbalta and lidocaine. Voltaren was discontinued on the grounds that the applicant's found it ineffectual. A Medrol Dosepak was endorsed, while the applicant was kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60 mg 1 daily #30 as an outpatient for depression, chronic pain and neuropathic pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta and Functional Restoration Approach to Chronic Pain Management Page(s): 15; 7.

Decision rationale: While page 15 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Cymbalta, an SNRI antidepressant, is FDA approved in the treatment of anxiety and depression but can be employed off label for neuropathic pain and fibromyalgia, all of which are present here, this recommendation, however, is 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. Here, the applicant is off of work, on total temporary disability. The attending provider did report some instances that the applicant's pain scores were reduced by varying degrees with medication consumption, these reports, however, are outweighed by the applicant's failure to return to work, and the attending provider's failure to outline any meaningful improvements in function achieved as a result of ongoing Cymbalta usage, either from a chronic pain perspective or from a mental health perspective. The attending provider reported on at least one occasion referenced above, on October 20, 2014, that the applicant appeared uncomfortable from a mental health perspective. Thus, the applicant's failure to return to work, and the attending provider's failure to outline any meaningful improvements in function or mood or augmentation in mood achieved as a result of ongoing Cymbalta usage does not make a compelling case for continuation of the same and, furthermore, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing Cymbalta usage. Therefore, the request was not medically necessary.

Lidocaine 5 % patches for topical neuropathic pain affecting left upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine and Functional Restoration Approach to Chronic Pain Management Page(s): 112; 7.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first line therapy with antidepressants and/or anticonvulsants, this recommendation is 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. Here, however, the applicant was/is off of work, on total temporary disability. Ongoing use of Lidoderm patches has failed to curtail the applicant's dependence on oral pharmaceuticals such as Neurontin and Cymbalta. The attending provider has failed to outline any quantifiable or material improvements in function achieved as a result of ongoing lidocaine patch usage. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Gabapentin 600 mg 2 twice daily as an outpatient: Upheld

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 Gabapentin Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, the applicant was/is off of work, on total temporary disability. The applicant has presented on office visit of October 20, 2014 reporting severe left upper extremity pain, despite ongoing usage of Neurontin. It does not appear, in short, that ongoing usage of Neurontin (gabapentin) producing the requisite reductions in pain and/or requisite improvements in function as defined in MTUS 9792.20f, so as to justify continuation of the same. Therefore, the request was not medically necessary.