

Case Number:	CM15-0000653		
Date Assigned:	01/12/2015	Date of Injury:	01/07/2003
Decision Date:	03/13/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	01/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old female who sustained an industrial injury to her neck and right shoulder on 1/7/2003 after lifting a computer monitor out of a box and catching it which resulted in strain of her right shoulder. She has reported previous symptoms of neck and shoulder pain with headaches. The diagnoses have included headache, cervicalgia and joint pain of shoulder. Treatment to date has included medications, diagnostics, surgery and physical therapy. Currently, the IW complains of continued neck and shoulder pain and headaches. As per primary treating physician's PR2 dated 10/2/14, the neck pain is the same with no changes and she still has limited range of motion. Chiropractic and medications have helped in the past. There are no documented chiropractic sessions or current medications. There are no diagnostic tests noted. On 12/3/14 Utilization Review non-certified a request for nabumetone 500mg #60, hydrocodone/AET 325mg #180 and duloxetine 40mg #30, noting the guidelines support the use of medications after evaluation and documentation of a physical exam and indications that the IW has increased functionality with the use of pain medications. The ACOEM Guidelines and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 500 mg, sixty count, provided on October 29, 2014: 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), Web Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient is a 53 year old female with an injury date of 01/07/03. Per the 10/02/14 report the patient presents with neck and shoulder pain. The current request is for NABUMETONE 500 mg SIXTY COUNT PROVIDED ON 10/29/14, an NSAID. The RFA is not included. The 12/03/14 utilization review states this is a retrospective request. The patient is not working/disabled with a recheck appointment set for 01/06/15. MTUS Anti-inflammatory medications page 22 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." MTUS also states comprehensive clinical trials support NSAIDS in lower back pain. The treatment information for this patient is very limited. Only two handwritten reports dated 10/02/14 and 02/11/14 are provided for review. The reports do not discuss the intended use of this medication, how long it has been prescribed and if it helps the patient. The MTUS guidelines on page 60 require that the physician record pain and function when medications are used for chronic pain. In this case, the request IS NOT medically necessary.

Hydrocodone/AET 325 mg, 180 count, provided on October 28, 2014: 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), Web Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient is a 53 year old female with an injury date of 01/07/03. Per the 10/02/14 report the patient presents with neck and shoulder pain. The current request is for HYDROCODONE/AET 3225 mg, 180 COUNT, PROVIDED ON OCTOBER 28, 2014 an opioid. The RFA is not included. The 12/03/14 utilization review states is a retrospective request. The patient is not working/disabled with a recheck appointment set for 01/06/15. 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 4A's (analgesia, ADLs, adverse side effects, and adverse 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 treatment information for this patient is very limited. Only two handwritten reports dated 10/02/14 and 02/11/14 are provided for review. The reports do not discuss the intended use of this medication, how long it has been prescribed and if it helps the patient. Furthermore, the MTUS guidelines require much more thorough documentation with

opioid usage. The 4A's -- analgesia, ADLs, adverse side effects, and adverse behavior have not been documented. In this case, the request IS NOT medically necessary.

Duloxetine 40 mg, thirty count, provided on October 31, 2014: 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), Web Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

Decision rationale: The patient is a 53 year old female with an injury date of 01/07/03. Per the 10/02/14 report the patient presents with neck and shoulder pain. The current request is for DULOXETINE 40 mg, THIRTY COUNT, PROVIDED ON OCTOBER 31, 2014. The RFA is not included. The 12/03/14 utilization review states is a retrospective request. The patient is not working/disabled with a recheck appointment set for 01/06/15. 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. The treatment information for this patient is very limited. Only two handwritten reports dated 10/02/14 and 02/11/14 are provided for review. The reports do not discuss the intended use of this medication, how long it has been prescribed and if it helps the patient. The MTUS guidelines on page 60 require that the physician record pain and function when medications are used for chronic pain. In this case, the request IS NOT medically necessary.