

Case Number:	CM15-0001574		
Date Assigned:	01/12/2015	Date of Injury:	05/21/2013
Decision Date:	03/10/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/05/2015

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: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a female with date of injury 5/21/2013. Per primary treating physician's progress note dated 10/28/2014, the injured worker complains of increased left hand and right hand pain. She continues to have numbness over the median nerve distribution, She also complains of headache. She states that she also had a similar problem more than 5 years ago. Her pain is rated 7/10 and averages 8/10. Her activity level has decreased. She exercises in the form of stretching periodically. Examination reveals spinous process tenderness on L3, L4, and L5 with symmetrical tender points. Diagnoses include 1) carpal tunnel syndrome 2) internal derangement of knee. Utilization review did not certify the requests for duloxetine and Naproxen due to lack of information regarding objective functional benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Duloxetine HcL 30mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain section Page(s): 13-16.

Decision rationale: The MTUS Guidelines recommended the use of antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition. Additionally, there are no specific medications that have been proven in high quality studies to be efficacious for treatment of lumbosacral radiculopathy. The medical reports do not provide a clear indication for this medication, This medication had been approved once previously, but there was no report of efficacy to establish medical necessity to continue treatment. The request for Prospective Duloxetine HcL 30mg #60 is determined to not be medically necessary.

Retrospective Naproxen 500mg #60 DOS: 11/7/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Back Pain - Chronic Low Back Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section Page(s): 67-71.

Decision rationale: The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. The injured worker has been treated chronically with Naproxen 500 mg twice a day without report of functional benefit. Chronic use of Naproxen is not recommended by the MTUS Guidelines, and the medical records do not establish medical necessity outside of these guidelines. The request for Retrospective Naproxen 500mg #60 DOS: 11/7/14 is determined to not be medically necessary.