

Case Number:	CM15-0004097		
Date Assigned:	01/15/2015	Date of Injury:	01/13/2009
Decision Date:	03/20/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/08/2015

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 57-year-old male who reported an injury on 01/13/2009. The mechanism of injury was not provided. The documentation indicated the injured worker had utilized the medication since at least 09/2014. The documentation of 12/17/2014 revealed the injured worker was doing worse and had no physical therapy. The documentation indicated the pain was a 4/10 to 7/10. The injured worker was hospitalized for chest pain for 2 days, and was told to increase his Cymbalta to 120 mg. The injured worker had a cortisone injection to the left shoulder. The physical examination revealed nick marks over the bilateral shoulders. The injured worker had discrete tender trigger points over his neck and posterior shoulders. The injured worker had decreased sensation in the bilateral hands. The injured worker had decreased range of motion of the shoulder. The impression included status post right rotator cuff surgery and left rotator cuff surgery, bilateral ulnar neuropathies, bilateral carpal tunnel syndrome, repetitive strain injury of neck, bilateral upper extremities with myofascial pain syndrome, chronic pain syndrome, and diabetes mellitus with possible underlying peripheral neuropathy. The treatment plan included Cymbalta 120 mg, Flexeril 10 mg for muscle pain and spasm, Neurontin 600 mg 3 times a day for neuropathic pain, Prilosec 20 mg for GI upset secondary to medications, and Zanaflex 2 mg at bedtime as needed. The injured worker was treated with acupuncture. The documentation indicated the injured worker had utilized the medication since at least 09/2014. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30 x 4 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, PPIs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend proton pump inhibitors for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had dyspepsia. However, the efficacy of the requested medication was not provided. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 4 refills without evaluation. Given the above, the request for Prilosec 20mg #30 x 4 refills is not medically necessary.

Cymbalta 60mg #60 x 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain. They are recommended especially if the pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to support further usage. The documentation should include an assessment in the changes in the use of other analgesic medications, sleep quality and duration, and psychological assessments. The clinical documentation submitted for review failed to meet the above criteria. There was a lack of documentation of an objective decrease in pain and objective functional improvement, including an assessment in the change in the use of other analgesic medications, sleep quality and duration, and psychological evaluations. There was a lack of documentation indicating a necessity for 2 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Cymbalta 60mg #60 x 2 refills is not medically necessary.

Neurontin 600mg #90 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Antiepileptic Drugs Page(s): 16.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend antiepilepsy medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The clinical documentation submitted for review failed to provide documentation of an objective decrease in pain and objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 2 refills without re-evaluation. Given the above, the request for Neurontin 600mg #90 x 2 refills is not medically necessary.