

Case Number:	CM15-0101491		
Date Assigned:	06/03/2015	Date of Injury:	05/19/2008
Decision Date:	07/09/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/27/2015

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 59 year old, female who sustained a work related injury on 5/19/08. The diagnoses have included right shoulder sprain, right shoulder derangement and right carpal tunnel syndrome. Treatments have included acupuncture, physical therapy, medications, home exercises, right shoulder surgeries x 2, and right carpal tunnel surgery. In the PR-2 dated 5/5/15, the injured worker complains of numbness in the right wrist. She has started to have left wrist pain and swelling. She also has right sided injury to her shoulder. She has trigger points and spasms to the right shoulder and elbow. She has evidence of right cubital tunnel. The treatment plan includes prescriptions for oral medications and for pain cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg #60, BID: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs/Gabapentin, pages 18-19.

Decision rationale: Neurontin (Gabapentin) 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. Submitted reports have adequately demonstrated acute flare-up, specific symptom relief and functional benefit from treatment rendered for this injury. Medical reports have demonstrated specific change, progression of neurological deficits and neuropathic pain with functional improvement from treatment of this injury. Previous treatment with Neurontin has resulted in some functional benefit and medical necessity has been established. The Neurontin 600mg #60, BID is medically necessary and appropriate.

Fluriprofen cream 20 percent #2, TID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID, over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. The Fluriprofen cream 20 percent #2, TID is not medically necessary and appropriate.

Cymbalta 30mg, BID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants, Page 15.

Decision rationale: Per MTUS Chronic Treatment Pain Guidelines, selective serotonin reuptake inhibitors (SSRIs) such as Cymbalta (Duloxetine, a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline), are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain; however, more information is needed regarding the role of SSRIs and pain. Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia; Used off-label for neuropathic pain and radiculopathy; and is recommended as a first-line option for diabetic neuropathy; however, no high quality evidence is reported to

support the use of duloxetine for musculoskeletal disorders and more studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. Submitted reports have not adequately shown any previous failed trial of TCA or other first-line medications without specific functional improvement from treatment already rendered. The Cymbalta 30mg, BID is not medically necessary and appropriate.