

Case Number:	CM15-0104513		
Date Assigned:	06/08/2015	Date of Injury:	04/02/2008
Decision Date:	07/09/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/01/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 61-year-old female, who sustained an industrial injury on 04/02/2008. She reported an injury to her shoulder. Treatment to date has included medications and surgery. According to a progress report dated 04/28/2015, the injured worker continued to have problems with bilateral shoulder pain that was worse in the morning. Pain level could go up to a 9 on a scale of 1-10. She did fairly well with her current medical regiment of Cymbalta 30mg per day, Ultram 50mg for breakthrough pain, no more than one to two tablets four times daily and Prilosec 20mg for gastric upset. Assessment included history of osteoarthritis, rotator cuff syndrome both shoulders and bilateral elbow pain of nonindustrial origin likely lateral epicondylitis. The treatment plan included continuance of Cymbalta, Ultram and Prilosec. Currently under review is the request for Ultram 50mg #120 with 2 refills and Cymbalta 30mg #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg, #120 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain and ongoing management Page(s): 80-83 and 78-80.

Decision rationale: Ultram 50mg, #120 with 2 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Furthermore, opioids are minimally indicated, if at all, for chronic non-specific pain, OA, or "mechanical and compressive etiologies", or long term for osteoarthritis per the MTUS. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The MTUS does not support opioids long term without evidence of objective functional improvement. Without evidence of following the above prescribing recommendations per the MTUS, the request for Ultram is not medically necessary.

Cymbalta 30mg, #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 15-16.

Decision rationale: Cymbalta 30mg, #30 with 2 refills is not medically necessary per the MTUS Guidelines. The MTUS states that Cymbalta is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. The recent documentation from April 2015 implies that the patient takes Cymbalta for pain. The documentation does not reveal evidence of neuropathic pain; diabetic neuropathy or fibromyalgia therefore this request is not medically necessary.