

Case Number:	CM15-0107935		
Date Assigned:	06/12/2015	Date of Injury:	11/02/2011
Decision Date:	07/14/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/04/2015

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: Pennsylvania

Certification(s)/Specialty: Family Practice

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 58 year old female, who sustained an industrial injury on November 2, 2011. She reported right shoulder, neck, lower hip, leg and right foot pain. The injured worker was diagnosed as having status post neck surgery, right shoulder impingement and rotator cuff tear. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the cervical spine, cortisone injection, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued right shoulder pain, neck pain, low back pain and radicular symptoms to the right lower extremity with associated weakness. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 2, 2015, revealed continued pain, It was noted she had a complex case with previous neck surgery and continued severe low back pain with associated lower extremity radiculopathy symptoms. Evaluation on April 9, 2015, revealed continued pain as noted. She reported considerable improvement with previous cortisone shot in the shoulder. It was noted she still had pain and ambulated with an antalgic gait. Topical and oral medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued topical Pennsaid: Upheld

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

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

Decision rationale: Pennsaid is the topical NSAID diclofenac. According to the MTUS, topical NSAIDs may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Topical diclofenac is indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatment which includes the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip, or shoulder. Topical NSAIDs are not recommended for greater than 4-12 weeks. NSAIDs in general should be used secondary to acetaminophen for mild to moderate pain. This worker has a rotator cuff tear and shoulder impingement resulting in shoulder pain for which the record states pennsaid cream helps when doing home exercise program. However it appears she has been using this medication for an extended period of time and it is not indicated beyond 4-12 weeks. Furthermore there is no evidence that she has tried acetaminophen or an oral NSAID. In addition, topical diclofenac is only clearly indicated for osteoarthritis of the ankle, elbow, foot, hand, knee, and wrist. The request is not medically necessary.

Cymbalta: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13-15.

Decision rationale: According to the MTUS "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. Anti-depressants in general are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated." According to the medical record this worker is being treated for rotator cuff tear and shoulder impingement for which Cymbalta has not been indicated. There is no diagnosis or symptoms to suggest neuropathic pain for which an anti-depressant would be indicated. Furthermore, the record does state she tried Lyrica but it does not indicate a trial of acetaminophen. Also if an anti-depressant were to be used, a trial of a tri-cyclic anti-depressant would be first line. The request is not medically necessary.