

Case Number:	CM15-0019126		
Date Assigned:	02/09/2015	Date of Injury:	12/01/2010
Decision Date:	04/07/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	02/02/2015

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, Arizona
 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 48-year-old male who reported an injury on 12/01/2010. The relevant diagnoses include discogenic disorder of the cervical spine with radiculopathy, internal derangement of the left shoulder, postoperative decompression and acromioclavicular joint resection of the left shoulder. Her past treatments include surgery, physical therapy, injections, and medication. On 12/22/2014, the injured worker complained of left shoulder pain rated 7/10 to 8/10. The injured worker also complained of neck pain rated 7/10 to 8/10. The documentation indicated there was no evidence of drug abuse or diversion, no aberrant behavior observed, and no ADRs reported. It was also documented the injured worker had no side effects, no complications as of 11/19/2014. The documentation revealed the injured worker received 90% pain improvement on the lowest effective dose. Relevant medications were noted to include Cymbalta 80 mg, Duragesic 25 mcg, Lunesta 1 mg, Naprosyn 500 mg, and Neurontin 300 mg. The treatment plan included Duragesic 25mcg/hour apply 1 patch to skin every 3 days, Cymbalta 60mg #90 refills 3, and Neurontin 300mg 1-2 tablet by mouth 3 times a day. A rationale was not provided. A Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 25mcg/hour apply 1 patch to skin every 3 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

Decision rationale: The request for Duragesic 25mcg/hour apply 1 patch to skin every 3 days is not medically necessary. According to the California MTUS Guidelines, ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. Furthermore, Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. The injured worker was indicated to have been on Duragesic fentanyl patches for an unspecified duration of time. However, there was a lack of documentation to indicate the medical necessity for management of chronic pain due to continuous opioid analgesic pain that could not be managed by other means. In addition, there was lack of documented psychosocial functioning and a current urine drug screen for review. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Cymbalta 60mg #90 refills 3: Upheld

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

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

Decision rationale: The request for Cymbalta 60mg #90 refills 3 is not medically necessary. According to the California MTUS Guidelines, Antidepressants for chronic pain are recommended 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, side effects, and psychological assessment. Cymbalta is approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. The injured worker was indicated to have been on Cymbalta for an unspecified duration of time. However, there was a lack of documentation to indicate the injured worker had anxiety, depression, diabetic neuropathy, or fibromyalgia. In addition, there was a lack of documentation in regard to efficacy outcomes to include sleep quality and duration, side effects, psychological assessment, and an analgesic component for review. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Neurontin 300mg 1-2 tablet by mouth 3 times a day: 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): 16-19.

Decision rationale: The request for Neurontin 300mg 1-2 tablet by mouth 3 times a day is not medically necessary. According to the California MTUS Guidelines, Antiepileptic's are recommended for diabetic painful neuropathy and postherpetic neuralgia. They also state, a response to the use of AEDs has been defined as a 30%-50% reduction in pain. There should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. The injured worker was indicated to have been on Neurontin for an unspecified duration of time. However, there was lack of documentation to indicate the injured worker had diabetic painful neuropathy or had postherpetic neuralgia. In addition, there was lack of documentation to indicate a positive response of 30% to 50% reduction in pain along with documented pain relief, improvement in function, and side effects from the use of Neurontin. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.