

Case Number:	CM15-0139767		
Date Assigned:	07/29/2015	Date of Injury:	02/29/1996
Decision Date:	08/27/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/20/2015

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: Emergency 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 (IW) is a 68-year-old female who sustained an industrial injury 02-29-1996. Diagnoses include cervicalgia; chronic major depression, stable; chronic pain improved with Cymbalta; hiatal hernia thoracic, stomach; osteoarthritis of the right acromioclavicular joint; right bicipital tendinitis; and subacromial bursitis with impingement, right. Treatment to date has included medications, physical therapy, shoulder steroid injections, massage and activity modification. According to the progress notes dated 5-8-15, the IW reported right shoulder pain, greater in the posterior region than the anterior region. She could barely lift the arm. On examination there was tenderness to palpation of the posterior right shoulder and at the head of the biceps. Active abduction was 50 degrees and forward flexion was 60 degrees; both caused pain. Sensation and reflexes of the right upper extremity were normal, but motor strength was reduced. X-ray of the right shoulder showed acromioclavicular joint degenerative changes and subacromial osteophytes. MRI of the cervical spine on 9-30-14 showed multilevel spondylosis, most notable at C5-6 where there was mild to moderate central canal stenosis; moderate to severe neural foraminal stenosis on the left at C5-6, moderate on the right at C3-4, bilaterally at C4-5 and on the right at C5-6. The notes dated 4-22-15 indicated the Cymbalta was taken for chronic pain and for depression, which increased when the IW went off the medication for a period of time. She had previous surgery for her hiatal hernia with continued symptoms of heartburn, which were controlled by the Prilosec. A request was made for Cymbalta 30mg, #90 and Omeprazole 20mg, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69 Page(s): 68-69.

Decision rationale: The requested Omeprazole 20mg #90, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has reported right shoulder pain, greater in the posterior region than the anterior region. She could barely lift the arm. On examination, there was tenderness to palpation of the posterior right shoulder and at the head of the biceps. Active abduction was 50 degrees and forward flexion was 60 degrees; both caused pain. Sensation and reflexes of the right upper extremity were normal, but motor strength was reduced. The treating physician has not documented functional improvement with its use, nor the medical necessity of dosage beyond 20 mg per day. The criteria noted above not having been met, Omeprazole 20mg #90 is not medically necessary.

Cymbalta 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants, Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs) Page(s): 15-16.

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

Decision rationale: The requested Cymbalta 30mg #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-16, note that 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. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy." The injured worker has reported right shoulder pain, greater in the posterior region than the anterior region. She could barely lift the arm. On examination there was tenderness to palpation of the posterior right shoulder and at the head of the biceps. Active abduction was 50 degrees and forward flexion was 60 degrees; both caused pain. Sensation and reflexes of the right upper extremity were normal, but motor strength was

reduced. The treating physician has not documented the medical necessity for the use of this anti-depressant as an outlier to referenced guideline negative recommendations, nor failed trials of recommended anti-depressant medication, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Cymbalta 30mg #90 is not medically necessary.