

Case Number:	CM15-0143094		
Date Assigned:	07/28/2015	Date of Injury:	07/21/2003
Decision Date:	09/01/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/23/2015

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: Colorado

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 7/21/2003 resulting in neck and bilateral shoulder pain radiating to the wrists. She was diagnosed with bilateral carpal tunnel syndrome, bilateral shoulder tendinitis and impingement, and shoulder bursitis. Treatment has included wrist brace, right and left carpal tunnel release surgery, physical therapy with some temporary benefit, chiropractic and acupuncture treatments with reported temporary relief, and medication including Cymbalta, which she has reported to help decrease pain. The injured worker continues to report constant neck pain and upper extremity pain, which interferes with sleep and activities of daily living. The treating physician's plan of care includes Cymbalta and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Cymbalta: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 13-16, and 43-44.

Decision rationale: Per the MTUS Guidelines, antidepressants can be considered first line treatment for neuropathic pain and possible option for treatment for non-neuropathic pain. Tricyclic antidepressants are the recommended first option for treatment of pain with antidepressant and should be used unless ineffective or not tolerated/contraindicated. Pain relief with antidepressants may occur within a few days to 1 week, though any antidepressant effect would take longer to occur. As with other treatments for pain, efficacy should be assessed regularly when using antidepressants. The following aspects associated with pain relief should be addressed: Pain reduction improvement in function changes in need for other pain medications sleep quality and quantity psychiatric evaluation side effects, especially those that may affect job performance long-term efficacy of anti-depressants in treatment of pain is not known, and antidepressants in combination with other medications for pain have no quality evidence to support use. Duloxetine can be used off label for chronic pain and radiculopathy. It is recommended as an option in first-line treatment of neuropathic pain. Per the guidelines, Duloxetine (Cymbalta) is a nor epinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, and has been found to be effective for treating fibromyalgia in women with and without depression, 60 mg once or twice daily. (Arnold, 2005) Furthermore, improvement in pain symptoms with Duloxetine generally is noted within 1 week of starting the medications. Per the records, the patient of concern has been taking Duloxetine for at least 3 years at time of the request for refill approval. The treating physician includes a note in the records indicating Cymbalta helps with patient depression and pain. While Cymbalta could be considered the appropriate choice of medication for patient's pain and depression, the request does not specify the number of tablets requested or the number of refills so cannot be approved in current request form. There is also no documentation that patient ever tried tricyclic anti-depressants for her pain and depression, so Cymbalta may not be considered appropriate without documentation of previous trials. Regardless of the appropriateness of Cymbalta for this patient, refill is not medically necessary without dosing / quantity / refill number documented.

Unknown Prescription of Omeprazole: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 68.

Decision rationale: Per the MTUS Guidelines, Omeprazole and other Proton pump inhibitors can be indicated for use with non-steroidal anti-inflammatory drugs, in those at high risk for gastrointestinal events, or in those on high dose / multiple medications that increase risk of gastrointestinal events. To determine if a patient is at risk for adverse gastrointestinal events, the guidelines establish criteria to consider: (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). For the patient of concern, the records do not indicate any diagnosis that would warrant Omeprazole use. There is no documentation that patient currently takes non-steroidal anti-inflammatory drugs or other drugs that would increase risk of adverse gastrointestinal events. Patient has no known current complaints / diagnosis of gastrointestinal symptoms or disorder. Without evidence that patient takes non-steroidal anti-inflammatory drug or has risk factors for / history of gastrointestinal issues related to current medications, the request for Omeprazole is not medically necessary based on lack of documentation for its need.