

Case Number:	CM15-0186379		
Date Assigned:	09/28/2015	Date of Injury:	04/12/2002
Decision Date:	11/23/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/22/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 55 year old female, who sustained an industrial-work injury on 4-12-02. A review of the medical records indicates that the injured worker is undergoing treatment for chronic strain and sprain of the cervical spine, status post right shoulder subacromial decompression, early right carpal tunnel syndrome and chronic myofascial pain syndrome. Medical records dated (3-9-15 to 8-11-15) indicate that the injured worker complains of persistent pain and increased spasms in the neck and right shoulder region with swelling at times and radiation down the upper and mid back. She also complains of persistent right wrist and hand pain with numbness and tingling. The injured worker rates the pain 8-9 out of 10 on pain scale without medications and 4-5 out of 10 on the pain scale with medications that has been unchanged. The injured worker reports functional improvement and improvement in pain with medications. She notes improvement in activities of daily living (ADL) as well as increased ability to reach, lift, grab and hold as a result of her current medication usage. Per the treating physician report dated 8-11-15 the injured worker has not returned to work as she is retired. The physical exam dated from (3-9-15 to 8-11-15) reveals that the grip strength readings on the right are 18-26-22 kilograms and on the left the readings are 24-26-30 kilograms. There is tenderness over the bilateral paracervical muscles and right trapezius muscles with moderate spasms noted. There is swelling noted over the lower cervical spine and right upper trapezius region. The cervical spine reveals decreased range of motion. There is tenderness noted in the right shoulder and scapular border. There is swelling over the anterior shoulder region. The bilateral shoulders reveal decreased active range of motion. Treatment to date has included pain medication,

Cymbalta, Naproxen and Norco (since at least 3-9-15), surgery, physical therapy, home exercise program (HEP) and other modalities. The physician indicates that there is an opioid agreement signed by the injured worker. The request for authorization date was 8-11-15 and requested services included Cymbalta 30 mg Qty 30, Naproxen 500 mg Qty 60, Norco 10-325 gm Qty 60 and Trigger point injection (right trapezius and rhomboid musculature). The original Utilization review dated 8-31-15 non-certified the request for Cymbalta 30 mg Qty 30, Naproxen 500 mg Qty 60, Norco 10-325 gm Qty 60. The request for Trigger point injection (right trapezius and rhomboid musculature) is partially certified to not more than 3-4 injections in 1 session.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: Regarding the request for Duloxetine (Cymbalta), guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. 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, and psychological assessment. Within the documentation available for review, there is no identification that the Cymbalta provides any specific analgesic effect (in terms of reduced numeric rating scale or percent reduction in pain), or provides any objective functional improvement, reduction in opiate medication use, or improvement in psychological well-being. Additionally, if the Cymbalta is being prescribed to treat depression, there is no documentation of depression, and no objective findings which would support such a diagnosis (such as a mini mental status exam, or even depressed mood). In the absence of clarity regarding those issues, the current request is not medically necessary.

Naproxen 500 mg Qty 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is indication that Naproxen is reducing the patient's pain from 9/10 to 5/10, and improving

functions of reach, hold, and pull with activities of daily living. Given this, the current request is medically necessary.

Norco 10/325 gm Qty 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines further specify for discontinuation of opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that Norco is reducing the patient's pain from 9/10 to 5/10, and improving functions of reaching, holding, and pulling associated with activities of daily living. In addition, the provider noted no side effects with current medication use, and a signed opioid document was completed on 11/2014 with a risk score of 0. Therefore, the request for continuation of Norco is reasonable and medically necessary.

Trigger point injection (right trapezius and rhomboid musculature): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Trigger Point Injections.

Decision rationale: Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. The CPMTG provides this definition: "A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band." Within the documentation available for review, there are physical examination findings consistent with trigger points, in terms of a twitch response as well as referred pain upon palpation in the muscle group of the currently requested injections. As such, the requested trigger point injections are medically necessary.