

<b>Case Number:</b>	CM15-0193908		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	08/01/2011
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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: New York, West Virginia, Pennsylvania  
 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 is a 44 year old male who sustained an industrial injury 08-01-11. A review of the medical records reveals the injured worker is undergoing treatment for bilateral shoulder pain, lumbar facet arthropathy status post laminectomy, cervical fusion, cervical facet arthropathy, depression, and anxiety. Medical records (08-26-15) reveal the injured worker complains of left scapular pain rated at 6/10 without mention of medications. The physical exam (08-26-15) reveals non tenderness over the shoulder joint itself, but localized tenderness over the interscapular muscle. Range of motion is within normal functional limits. Impingement test is negative; stress testing of the anterior and posterior capsular structures reveals no evidence of shoulder instability or apprehension. Prior treatment includes trigger point injection which was not helpful, cervical fusion, back surgery and medications. The original utilization review (09-03-15) non certified the requests for ibuprofen 800mg #60 with 5 refills, Gabapentin 600mg #90 with 5 refills, and Cymbalta 30mg #30 with 1 refill. The documentation supports that the injured worker has been on ibuprofen since at least 04-01-15, Gabapentin since at least 02/25/15. The Cymbalta is a new request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg #60 with 5 refills:** Upheld

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

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

**Decision rationale:** As per the CA MTUS Chronic Pain Medical Treatment Guidelines, nonsteroidal anti-inflammatory drugs (NSAID) are recommended as a second-line treatment after Acetaminophen. In general, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. In this case, the request for 800 mg #60 with 5 refills is premature as this is a higher dose and the efficacy must be ascertained before refills can be approved. The request exceeds guidelines and is not medically necessary and appropriate.

**Gabapentin 600mg #90 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** Guidelines recommend gabapentin for treating diabetic painful neuropathy and post herpetic neuralgia. It may also be used as a first line treatment for neuropathic pain. Use of gabapentin is recommended if there is adequate response to pain. In this case, the use of gabapentin is appropriate, but efficacy should be assessed prior to refills to assess the change in ibuprofen dose. Thus the request for gabapentin 300 mg #90 with 5 refills is not medically appropriate and necessary.

**Cymbalta 30mg #30 with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duloxetine (Cymbalta).

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

**Decision rationale:** Guidelines state that antidepressants are recommended as a first line option for neuropathic pain and possibly for non-neuropathic pain. In this case, the patient is currently on gabapentin for his neuropathic symptoms and complaints. There is no indication for use of this medication. The request for Cymbalta 30 mg #30 is not medically appropriate and necessary.