

Case Number:	CM15-0194636		
Date Assigned:	10/08/2015	Date of Injury:	09/19/2007
Decision Date:	11/19/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/05/2015

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 is a 62-year-old female, who sustained an industrial injury on 9-19-2007. The injured worker is undergoing treatment for: pain to the neck, arms, and wrists. On 9-11-2015, she reported pain to the bilateral wrists, and low back. The provider noted she preferred to avoid narcotics and is relying on Lidoderm patches and non-narcotic medications for her pain. She reported having many evening and nighttime spasms which are indicated to be responding well to Amrix. She is noted to have failed other muscle relaxants, and Gabapentin. She also reported increased neck, bilateral shoulder pain with associated tingling and weakness in the bilateral upper extremities. She reported feeling that her increased pain was due to not taking Amrix. She rated her pain 8 out of 10 without medications and 5 out of 10 with medications, with her current pain being noted as 7 out of 10. Her medications are reported to keep her functional. Physical examination revealed her to have her cognition intact, tenderness to the neck; tenderness to the thoracic spine, a well-healed surgical scar is noted to the lumbar, positive straight leg raise testing bilaterally, normal gait and posture. The records indicate she reported having spasms at night; however, there is no discussion of hypertonicity or spasms in the physical examinations. The treatment and diagnostic testing to date has included: medications, electrodiagnostic studies (4-11-14); multiple surgeries for the bilateral wrists, elbows and right shoulder (dates unclear). Medications have included: Amrix, Cymbalta. The records indicate she has been utilizing Cymbalta and muscle relaxants since at least March 2015, possibly longer. Current work status: permanent and stationary. The request for authorization is for: Amrix 15mg quantity 30 with 3 refills, Cymbalta 30mg quantity 30 with 3 refills. The UR dated 9-23-2015:

non-certified the requests for Amrix 15mg quantity 30 with 3 refills, Cymbalta 30mg quantity 30 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix 15mg #30 x 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: Amrix is a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. The inappropriate number of tablets and refills is not consistent with short-term use. Amrix is not medically necessary.

Cymbalta 30mg #30 x 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cymbalta.

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

Decision rationale: Cymbalta/Duloxetine is a type of SNRI anti-depressant medication. As per MTUS Chronic pain guidelines, anti-depressants may be considered for neuropathic pain. There is no documented objective improvement in pain or function although patient has been noted to be on current regiment for several months. There is lack of documentation of objective improvement. It may be beneficial but the documentation fails to support use of Cymbalta and the number of refills requested is not appropriate and does not MTUS guidelines. Cymbalta is not medically necessary.