

Case Number:	CM15-0200752		
Date Assigned:	10/15/2015	Date of Injury:	04/19/2012
Decision Date:	12/17/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/13/2015

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, 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 56 year old male, who sustained an industrial injury on 4-19-2012. A review of the medical records indicates that the injured worker is undergoing treatment for Complex Regional Pain Syndrome (CRPS) type 1 of the right upper extremity, status post cervical sympathetic injection with good relief, status post rotator cuff surgery, and anxiety secondary to orthopedic condition-panic attack. The Primary Treating Physician's report dated 8- 4-2015, noted the injured worker status post sympathetic injections for Complex Regional Pain Syndrome (CRPS-1) on 5-18-2015 with 75% pain relief in neck and 75% pain relief in arms for 4-6 weeks and medication use decreased by approximately 20% and increased functional ability. The injured worker's current medications were noted to include Cymbalta, Percocet, and Elavil. The physical examination was noted to show the injured worker's affect flat and speech slow with improved right hand tremor, increased shoulder sensitivity, and right shoulder restricted range of motion (ROM). Prior treatments have included right shoulder surgery, physical therapy, and a sleep study on 12-14-2004 that indicated poor quality of sleep with prolonged latency initiating sleep and no REM sleep time. The treatment plan was noted to include request for authorization for a right cervical sympathetic injection, psychology evaluation and treatment, increased home exercise program (HEP), orthopedic consultation for right shoulder adhesive capsulitis, and refilled medications of Cymbalta for pain, Ambien, Percocet, and Elavil, all prescribed since at least 1-23-2015. The request for authorization dated 9-1-2015, requested Cymbalta (for pain) (dosage, frequency and amount unknown), Ambien (dosage, frequency and amount unknown), Percocet (dosage, frequency and amount unknown), and Elavil (dosage, frequency and amount unknown). The Utilization Review (UR) dated 9-8-

2015, non-certified the requests for Cymbalta (for pain) (dosage, frequency and amount unknown), Ambien (dosage, frequency and amount unknown), Percocet (dosage, frequency and amount unknown), and Elavil (dosage, frequency and amount unknown).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta (for pain) (dosage, frequency and amount unknown): 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, SNRIs (serotonin noradrenaline reuptake inhibitors).

Decision rationale: Cymbalta is a selective serotonin reuptake inhibitory. According to the CA MTUS chronic pain guidelines, SSRIs are not recommended for treatment of chronic pain; however it may be useful in a secondary role to treat depression. Documentation does not support that the medication was being prescribed for the treatment of depression. Furthermore, the medication was prescribed by a chronic pain provider and not a mental health provider. The request does not include the frequency and dosing of this medication. The request is not medically necessary.

Ambien (dosage, frequency and amount unknown): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Insomnia treatment.

Decision rationale: Ambien is a sedative, hypnotic agent that is prescribed for sleep. This medication is recommended for short term use and is not indicated in the treatment of chronic pain. Most recent documentation does not discuss the IW sleep patterns or reliance on this medication for sleep. Furthermore, the request does not include the frequency or dosing of medication. As such, the request is not medically necessary.

Percocet (dosage, frequency and amount unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

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

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. In addition, the request does not include dosing frequency or duration. There is not toxicology report included in the record. The request for opiate analgesia is not medically necessary.

Elavil (dosage, frequency and amount unknown): Upheld

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

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

Decision rationale: Elavil is a tricyclic antidepressant. According to CA MTUS chronic pain guidelines, tricyclic antidepressants are recommended as a first line option for neuropathic pain with analgesic efficacy generally noted within a few days to week following initiation of treatment. Further guidelines recommend assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medications, sleep quality and duration, and psychological assessment. The documentation reports improvement of pain with the use of medications, but specific responses to individual medications is not noted in the record. Additionally, the provider continues to prescribe the same medications without indication of reliance on any of the medications. The request does not include dosing frequency. Without this documentation, the request for Elavil is not medically necessary in accordance with MTUS guidelines.