

Case Number:	CM15-0205988		
Date Assigned:	10/22/2015	Date of Injury:	03/06/2001
Decision Date:	12/07/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/20/2015

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

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 53 year old male who sustained an industrial injury on 3-6-01. The injured worker reported pain in the neck, shoulder and back. A review of the medical records indicates that the injured worker is undergoing treatments for myofascial pain syndrome, Depression, Anxiety, left hemiparesis and right lower extremity neuropathic pain. Medical records dated 10-3-15 indicate pain rated at 9 out of 10. Provider documentation dated 10-9-15 noted the work status as temporary totally disabled. Treatment has included Cymbalta since at least March of 2015, injection therapy, Alprazolam, status post right shoulder surgery, Norco since at least March of 2015, Cyclobenzaprine, Tizanidine, Fentanyl patch since at least March of 2015, Gabapentin, Psychiatry treatment, and physical therapy. Objective findings dated 10-3-15 were notable for well healed surgical incisions, "tenderness to palpation over wires in his back on the left side of his low back". The treating physician indicates that the urine drug testing result (date) showed no aberration. The original utilization review (10-2-15) denied a request for Cymbalta 30 MG #30 x 3 Months and Ambien 10 MG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30 MG #30 x 3 Months: 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): Duloxetine (Cymbalta).

Decision rationale: The patient was injured on 03/06/01 and presents with pain in his neck, shoulder, and back. The request is for Cymbalta 30 MG #30 x 3 months. The RFA is dated 09/24/15 and the patient's current work status is not provided. The patient has been taking this medication as early as 03/03/15. MTUS Guidelines, Duloxetine (Cymbalta) Section, pages 16-17 state: Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The patient is diagnosed with myofascial pain syndrome, depression, anxiety, left hemiparesis and right lower extremity neuropathic pain. None of the reports provided indicate how Cymbalta impacted the patient's pain and function. Although the patient does present with anxiety and depression, the treater does not specifically discuss efficacy of Cymbalta on any of the reports provided. Due to lack of documentation the requested Cymbalta is not medically necessary.

Ambien 10 MG: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, under Zolpidem.

Decision rationale: The patient was injured on 03/06/01 and presents with pain in his neck, shoulder, and back. The request is for Ambien 10 MG for insomnia. The RFA is dated 09/24/15 and the patient's current work status is not provided. The patient has been taking this medication as early as 01/13/15. MTUS and ACOEM Guidelines are silent with regard to his request. However, ODG Guidelines, Mental Illness and Stress Chapter, under Zolpidem (Ambien) states, Zolpidem (Ambien, generic available, Ambien CR) is indicated for short term use of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Long term studies have found Ambien CR to be effective for up to 24 weeks in adults. The patient is diagnosed with myofascial pain syndrome, depression, anxiety, left hemiparesis and right lower extremity neuropathic pain. ODG Guidelines support the use of Ambien for 7 to 10 days for insomnia. In this case, the patient has been taking Ambien since 01/13/15, which exceeds the 7-10 days recommended by ODG Guidelines. The requested Ambien is not medically necessary.