

Case Number:	CM15-0217216		
Date Assigned:	11/09/2015	Date of Injury:	11/14/2014
Decision Date:	12/23/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/04/2015

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 33 year old female who sustained an industrial injury on November 14, 2014. Medical records indicated that the injured worker was treated for left shoulder, neck and low back pain. Medical diagnoses include status post acromioplasty and Mumford. In the provider notes dated October 21, 2015 the injured worker complained of left shoulder pain. "She is three months post-op" and "is improving slowly with therapy and home exercises." She has started physical therapy and has increased range of motion. She continues to have pain and is treating with Norco three times a day. On exam, the documentation stated "the left shoulder range of motion is 160 90 70 with tenderness at the AC joint and positive impingement sign. "There is pain and weakness with rotator cuff strength." The treatment plan is for medication refills and restrictive work duty. A Request for Authorization was submitted for 1 30 tablets of Cymbalta 30 mg with 1 refill and 90 tablets of Norco 7.5 325 mg. The Utilization Review dated October 29, 2015 denied the request for 1 30 tablets of Cymbalta 30 mg with 1 refill and 90 tablets of Norco 7.5 325 mg to Cymbalta 30 mg with no refill and 19 tablets of Norco 7.5 mg 325.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Duloxetine (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 only vague subjective claims of improvement in pain and mood with no documented objective improvement in pain or function although patient has been noted to be stable on current regimen. There is lack of documentation of objective improvement or decrease in opioid pain medications the patient is currently taking despite being on this medication. While it may have some benefit in chronic pain, the documentation fails to support use of Cymbalta. Cymbalta is not medically necessary.

Norco 7.5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing, Weaning of Medications.

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

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Not a single criteria is met. There are only vague claims of improvement in pain and function but no objective measures are noted. No urine drug screen, pain contract or any other monitoring is noted. Not medically necessary.

Naprosyn 550mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

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

Decision rationale: As per MTUS chronic pain guidelines, NSAIDs are recommended for short term pain relief. It is not recommended for long term use for patient due to increased risk for cardiovascular and GI problems. Patient is on naproxen/anaprox chronically. The provider has not documented monitoring patient for potential cardiovascular and blood pressure complications. Chronic use of NSAID is not medically indicated. Naproxen is not medically necessary.