

<b>Case Number:</b>	CM15-0035956		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	08/16/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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, Hawaii  
 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 51-year-old female, who sustained an industrial injury on 8/16/13. On 2/25/15, the injured worker submitted an application for IMR for review of 2 refills of Duloxetine HCL CPEP, and 2 refills of Omeprazole, and 2 refills of Diclofenac. The treating provider has reported the injured worker complained of pain in left hand and wrist, left elbow, left shoulder and neck. The diagnoses have included wrist pain; thumb pain; left arm swelling; olecranon bursitis left elbow; shoulder pain; muscle pain; left shoulder acromioclavicular osteoarthritis; left shoulder impingement syndrome. Treatment to date has included physical therapy; chiropractic care; TENS unit; medications. Diagnostic studies included x-rays left shoulder (9/2013); MRI cervical spine (9/24/13); MRI left shoulder (12/24/13); EMG/NCS left upper extremity (10/23/13). On 2/20/15, Utilization Review modified 2 refills of Duloxetine HCL CPEP for #60 with no refills to be used to initiate downward titration and complete discontinuance of the medication, non-certified and 2 refills of Omeprazole, and 2 refills of Diclofenac. The MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 refills of Duloxetine HCL CPEP:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and Norepinephrine reuptake inhibitors (SNRIs) Page(s): 16-17.

**Decision rationale:** The patient presents with pain affecting the left wrist, left elbow, left hand, left shoulder and neck. The current request is for 2 Refills of Duloxetine HCL CPEP. The treating physicians report dated 2/4/15 (193B) states, "The pain is better with topical medications. She rates her pain as a 0/10 in intensity." No rationale was provided by the physician in the documents provided. MTUS page 43-44 state that Duloxetine (Cymbalta) "Recommended as an option in first-line treatment option in neuropathic pain." It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy. In this case, the patient does presents with neuropathic pain and Duloxetine is recommended as a first-line treatment option but no quantity of Duloxetine to be prescribed was specified. Furthermore, the current request does not satisfy the MTUS guidelines, as an open-ended request is not supported. Recommendation is for denial.

**2 refills of Omeprazole:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

**Decision rationale:** The patient presents with pain affecting the left wrist, left elbow, left hand, left shoulder and neck. The current request is for 2 refills of Omeprazole. The treating physicians report dated 2/4/15 (193B) states, "The pain is better with topical medications. She rates her pain as a 0/10 in intensity." No rationale was provided by the physician in the documents provided. The MTUS guidelines state Omeprazole is recommended with precautions, "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." Clinician should weigh indications for NSAIDs against GI and cardio vascular risk factors, determining if the patient is at risk for gastrointestinal events. In this case, there was no documentation provided of any current NSAID use or indication that the patient was at risk for gastrointestinal events nor was there any documentation of dyspepsia. Furthermore, a quantity of Omeprazole to be prescribed was not specified. The current request does not satisfy MTUS guidelines, as an open-ended request is not supported. Recommendation is for denial.

**2 refills of Diclofenac:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS  
Page(s): 68-69.

**Decision rationale:** The patient presents with pain affecting the left wrist, left elbow, left hand, left shoulder and neck. The current request is for 2 refills of Diclofenac. The treating physicians report dated 2/4/15 (193B) states, "The pain is better with topical medications. She rates her pain as a 0/10 in intensity." No rationale was provided by the physician in the documents provided. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, there is no quantity of Diclofenac to be prescribed specified in the current request. Furthermore, the MTUS guidelines do not support an open-ended request. Recommendation is for denial.