

Case Number:	CM15-0036787		
Date Assigned:	03/05/2015	Date of Injury:	05/19/2008
Decision Date:	04/15/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/26/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic pain syndrome and chronic shoulder pain reportedly associated with an industrial injury of May 19, 2008. In a utilization review report dated February 6, 2015, the claims administrator failed to approve a request for Cymbalta and Norco. The claims administrator referenced progress notes of January 29, 2015, January 13, 2015, and November 6, 2014 in its determination. The applicant's attorney subsequently appealed. On February 27, 2015, the applicant reported ongoing complaints of shoulder pain. The applicant was having difficulty dressing herself. The applicant had significant shoulder arthritis, it was suggested. The applicant was using two tablets of Norco, Cymbalta, and OxyContin for pain relief. Multiple medications were reviewed. The attending provider noted that the applicant was receiving both disability benefits in addition to Workers' Compensation Indemnity benefits. Total shoulder arthroplasty was suggested. On January 13, 2015, the applicant was again placed off of work. The applicant was asked to employ Norco and Cymbalta for pain relief. Significant limited shoulder range of motion was noted, with difficulty raising the shoulder overhead also reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine 60mg #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43-44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta); Functional Restoration Approach to Chronic Pain Management Page(s): 15; 7.

Decision rationale: No, the request for duloxetine (Cymbalta) was not medically necessary, medically appropriate, or indicated here. While page 15 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Cymbalta (duloxetine) is FDA approved in the treatment of anxiety, depression, diabetic neuropathy, and fibromyalgia but can be employed off label for neuropathic pain and/or radiculopathy, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was off of work, the treating provider acknowledged, despite ongoing Cymbalta usage. Ongoing usage of Cymbalta (duloxetine) has failed to curtail the applicant's dependence on opioid agents such as Norco. The applicant continued to report ongoing issues with severe shoulder pain and inability to perform even basic activities of daily living. All of the foregoing, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of Cymbalta. Therefore, the request was not medically necessary.

Hydrocodone 5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for hydrocodone - acetaminophen (Norco), a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work, it was acknowledged. The applicant reported difficulty performing even basic activities of daily living such as lifting, reaching overhead, dressing herself, etc., despite ongoing hydrocodone (Norco) usage. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.