

Case Number:	CM15-0055046		
Date Assigned:	03/30/2015	Date of Injury:	06/26/2006
Decision Date:	05/15/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/23/2015

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, Arizona

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 62-year-old female who reported an injury on 06/26/2005. The mechanism of injury was not specifically stated. The current diagnoses include chronic pain syndrome, major depression, sleep disturbance, grade 2 lumbar spondylolisthesis, multilevel severe cervical spondylosis, severe degenerative joint disease, bilateral hand degenerative joint deformity, and status post bilateral knee arthroplasty. The injured worker presented on 07/08/2014, for a follow-up evaluation with complaints of persistent neck pain with associated spasm and stiffness. The injured worker had been previously referred for a C5-6 and C6-7 discectomy with foraminotomy followed by a fusion. Upon examination, there was tenderness to palpation over the cervical spine, with multiple trigger points noticeable, causing a twitch response. There was hyperlordosis and a slight scoliotic deformity noted. Recommendations included trigger point injections and continuation of Naprosyn 500 mg, tramadol 50 mg, Cymbalta 30 mg, and glucosamine 500 mg. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine Hcl DR 30mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: The California MTUS Guidelines state Cymbalta has been FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used off label for neuropathic pain and radiculopathy. In this case, it is unclear how long the injured worker has utilized the above medication. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Glucosamine 500mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Medical Foods.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

Decision rationale: The California MTUS Guidelines recommend glucosamine as an option given its low risk in patients with moderate arthritis pain, especially for knee osteoarthritis. In this case, the injured worker does maintain a diagnosis of degenerative joint disease. However, it is unclear how long the injured worker has utilized the above medication. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Naproxen 500mg #60 x 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines recommend NSAIDs for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. In this case, it is unclear how long the injured worker has utilized the above medication. There is no documentation of objective functional improvement. The request for 3 refills of naproxen 500 mg would not be supported, as guidelines do not support long term use of NSAIDs. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Tramadol 50mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status appropriate medication use, and side effects should occur. In this case, it is unclear how long the injured worker has utilized the above medication. There was no documentation of a written consent or agreement for chronic use of an opioid. There is no evidence of a failure of nonopioid analgesics. Recent urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. There was also no frequency listed in the request. As such, the request is not medically appropriate.