

Case Number:	CM15-0055647		
Date Assigned:	03/30/2015	Date of Injury:	10/15/2000
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/24/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 57-year-old male who sustained a work related injury October 15, 2000, to his bilateral wrists from repetitive and constant movement of the hands at work. Past history included hypertension, s/p left carpal tunnel release 2009, s/p right carpal tunnel release 2010, and gastritis secondary to non-steroidal anti-inflammatories. According to a primary treating physician's progress report, dated January 15, 2015, the injured worker presented with severe pain to the left and right hand and wrist, rated 7-8/10. The right hand and wrist pain radiates into the neck, shoulder, forearm, hand and fingers. The left hand and wrist pain radiates into the neck, shoulder, upper arm, elbow, forearm, hand fingers and upper back. Diagnoses included cervical strain with multilevel degenerative disc disease; low back strain with multilevel moderate facet hypertrophy L2-S1; bruxism; right shoulder impingement with partial thickness distal supraspinatus rotator cuff tear and degenerative joint disease; left shoulder impingement syndrome with tendinosis. Treatment plan included requests for authorization for medications, neurology consultation for headaches, and recheck in eight weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 90mg (quantity unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Cymbalta.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Cymbalta 90 mg (#quantity unknown) is not medically necessary. Cymbalta is recommended as an option in first-line treatment of neuropathic pain. Is FDA approved for treatment of depression, generalized anxiety disorder, and treatment of diabetic neuropathy. The effect is found to be significant by the end of week one. In this case, the injured worker's working diagnosis is major depressive disorder and generalized anxiety disorder. Documentation shows the injured worker received psychiatric treatment with psychotherapy and medications. The injured worker was diagnosed with major depressive disorder. Progress notes did not contain information regarding target symptoms and the effectiveness of the prescribed medications. The documentation is similar for all the progress notes submitted by the primary provider regarding dates of service July 25, 2014, September 3, 2014 and November 26, 2014. A qualified medical examination (QME) stated. " It is somewhat perplexing that despite [REDACTED] [REDACTED] lack of progress, there has been no change in the dosages (Buspar and Cymbalta) for almost one year. Cymbalta was started May 24, 2013. On November 20, 2014, the therapist noted the injured worker was doing well until legal proceedings of his workers compensation came up. The progress note from the primary care provider dated November 20, 2014 from the psychiatric medical group contains a three-line subjective and objective progress note. The subjective complaints states client is anxious regarding December 31st Court date. There were no subjective complaints noted. Under the objective section, the documentation stated "depressed affect". There is no documentation of objective functional improvement with regards Cymbalta nor was there a change in dose to accommodate a lack of response. Consequently, absent clinical documentation with objective functional improvement, Cymbalta 90 mg is not medically necessary.

Buspar 15mg (quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. 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
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a688005.html>.

Decision rationale: Pursuant to Medline plus, Buspar 15 mg (#quantity unknown) is not medically necessary. Buspar is used to treat anxiety disorders or in the short-term treatment of symptoms of anxiety. For additional details, see the attached link. In this case, the injured worker's working diagnosis is major depressive disorder and generalized anxiety disorder. Documentation shows the injured worker received psychiatric treatment with psychotherapy and

medications. The injured worker was diagnosed with major depressive disorder. Progress notes did not contain information regarding target symptoms and the effectiveness of the prescribed medications. The documentation is similar for all the progress notes submitted by the primary provider regarding dates of service July 25, 2014, September 3, 2014 and November 26, 2014. A qualified medical examination (QME) stated." It is somewhat perplexing that despite [REDACTED] [REDACTED] lack of progress, there has been no change in the dosages (Buspar and Cymbalta) for almost one year. Buspar was started July 12, 2013. On November 20, 2014, the therapist noted the injured worker was doing well until legal proceedings of his workers compensation came up. The progress note from the primary care provider dated November 20, 2014 from the psychiatric medical group contains a three-line subjective and objective progress note. The subjective complaints states client is anxious regarding December 31 court date. There were no subjective complaints noted. Under the objective section, the documentation stated "depressed affect." There is no documentation of objective functional improvement with regards Buspar nor was there a change in dose to accommodate a lack of response. Consequently, absent clinical documentation with objective functional improvement, Buspar 15mg (# quantity unknown) is not medically necessary.