

Case Number:	CM14-0125822		
Date Assigned:	08/13/2014	Date of Injury:	04/14/2009
Decision Date:	09/30/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/08/2014

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Texas and Mississippi. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53 year old male who reported an injury on 04/14/2009; the mechanism of injury was not provided. The diagnoses include post traumatic headaches, cervical spondylosis with radiculopathy, bilateral carpal tunnel syndrome, and adjustment disorder with depression and anxiety. Past treatments included botox injections, epidural block, and medication. Diagnostic studies included an EMG of bilateral upper extremities on 11/10/2010 which indicated mild right carpal tunnel syndrome and significant bilateral cubital tunnel syndrome, worse on the left. The injured worker had an MRI of the right shoulder on 04/30/2014 which indicated osteoarthritis and a mild interstitial tear of the biceps tendon. Surgical history included a left carpal tunnel release in 11/2013, and multiple spinal surgeries, not specified. The clinical note dated 05/21/2014 indicated the injured worker complained of pain rated 9/10 to his back, shoulders, neck, head, and knees, and stated that since the date of his injury, the level of pain had remained constant. He also reported feelings of sadness, hopelessness, insecurity, and apprehension. Objective findings included a Beck Depression Inventory score of 39 and a Beck Anxiety Inventory score of 36. Current medications included oxycodone, tizanidine, trazodone, gabapentin, Duexis, and cymbalta. The treatment plan included Cymbalta 60 mg #60 and Oxycodone 30 mg every four hours #120. The rationale for treatment and the request for authorization form were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for Cymbalta 60 mg #60 is not medically necessary. The California MTUS guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Cymbalta is a selective serotonin and norepinephrine reuptake inhibitor that is FDA-approved for anxiety, depression, diabetic neuropathy and fibromyalgia, and is used off-label for neuropathic pain and radiculopathy. The injured worker had been taking the requested medication since at least 10/22/2013 and continued to have complaints of pain to his back, shoulders, neck, head, and knees, as well as feelings of sadness, hopelessness, insecurity and apprehension. There is a lack of evidence of quantified pain relief, functional improvement, or decrease in severity of depression and anxiety. Additionally, the request does not indicate the frequency of the medication. Therefore, the request for Cymbalta 60 mg #60 is not medically necessary.

Oxycodone 30mg QID #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The request for Oxycodone 30 mg every four hours #120 is not medically necessary. The California MTUS Guidelines indicate that the criteria for the ongoing management of opioid use includes ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids and include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The injured worker had been taking the requested medication since at least 10/22/2013 and continued to have complaints of pain to his back, shoulders, neck, head, and knees. On 05/21/2014, he rated the pain 9/10. There is a lack of evidence of significant pain relief, functional improvement, or testing for nonadherent drug-related behavior. Therefore, the request for Oxycodone 30 mg every four hours #120 is not medically necessary.

