

Case Number:	CM14-0139094		
Date Assigned:	09/05/2014	Date of Injury:	02/13/2007
Decision Date:	10/14/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/27/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 46 year old diabetic female with a work injury dated 2/13/07. The diagnoses include chronic right shoulder impingement syndrome, basilar joint arthrosis, right carpal tunnel syndrome, and right de Quervain's tenosynovitis. Under consideration is a request for Flexeril 7.5mg, one tab by mouth two (2) times per day as needed, #60; consultation with a neurologist; and Cymbalta 30mg, one tab by mouth every day, #30 (with 2 refills). There is a primary treating physician handwritten report dated 6/27/14 that states that the patient is frustrated. Acupuncture helps. The patient requests meds. There is right shoulder impingement. There is medial/lateral epicondyle tenderness. The treatment plan states to follow up with a physician regarding the carpal tunnel symptoms on the right; neurology consult; consult regarding right shoulder and acupuncture. The rest of the document is illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg, one tab by mouth two (2) times per day as needed, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines this medication is not recommended to be used for longer than 2-3 weeks. The documentation reveals that the patient has been on this medication for much longer than the recommended 2-3 week period. The physical exam findings do not support the need for ongoing Flexeril. The request for Flexeril 7.5mg, one tab by mouth two (2) times per day as needed, #60 is not medically necessary.

Cymbalta 30mg, one tab by mouth every day, #30 (with 2 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) Page(s): 15-16.

Decision rationale: The guidelines state that Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is used off-label for neuropathic pain and radiculopathy. There is no high quality evidence to support the use of Duloxetine for lumbar radiculopathy. More studies are needed to determine the efficacy of Duloxetine for other types of neuropathic pain. The recent documentation is not clear on history or physical that the patient has neuropathic pain. The patient has no evidence of fibromyalgia or diabetic neuropathy. Additionally the patient can worsen diabetic control in some patients therefore in this diabetic patient this would not be the most appropriate medication. The request for Cymbalta 30mg, one tab by mouth every day, #30 (with 2 refills) is not medically necessary.

Consultation with Neurologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7 Independent Medical Examinations and Consultations, page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92, Chronic Pain Treatment Guidelines PAIN OUTCOMES AND ENDPOINT Page(s): 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Office visits

Decision rationale: The recent documentation is not clear on why this is required. The ODG recommends office visits as medically necessary and states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation does not indicate a thorough review of patient concerns, symptoms or physical or clear explanation of reason for neurology consult. The MTUS states that fluctuations are likely to occur in the natural history of patients with chronic pain. The request for consultation with neurologist is not medically necessary.