

Case Number:	CM14-0141066		
Date Assigned:	09/10/2014	Date of Injury:	09/19/2007
Decision Date:	10/14/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/02/2014

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 and Pain Medicine and is licensed to practice in California and Washington. 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 61-year-old female who reported an injury on 09/19/2007. The mechanism of injury was not provided within the medical records. The clinical note dated 07/29/2014 indicated diagnoses of myofascial pain syndrome, fibromyalgia, pain in joint of the upper arm, pain in joint shoulder region, carpal tunnel syndrome, and interstitial myositis. The injured worker reported wrist pain and reported that at night her low back gave her the most pain. The injured worker reported an increase in right arm and wrist pain and reported bilateral shoulder pain that had slowly improved due to water therapy. The injured worker reported she was able to tolerate her home exercise program more. The injured worker reported her pain 10/10 without medications, 5/5 with medications. The injured worker reported her pain was 8/10. The injured worker reported medications prescribed were keeping her functional allowing for increased mobility and tolerance of activities of daily living and home exercises. The injured worker reported no side effects were associated with her medications. On physical examination, there was tenderness to palpation at the paraspinal C4-5. The examination of the thoracic spine revealed tenderness to palpation at the paraspinals at T4-5 and the examination of the lumbosacral spine revealed tenderness to palpation. The injured worker had a positive straight leg raise bilaterally. The injured worker's treatment plan included followup in 8 weeks, medications, continue with aqua therapy, and await EMG report. The injured worker's prior treatments included diagnostic imaging, surgery, medication management, and physical therapy. The injured worker's medication regimen included hydrocodone/acetaminophen, naproxen, Cymbalta, Amrix, and Lidoderm patch. The provider submitted a request for naproxen, Cymbalta, Amrix, and the Lidoderm patch. A Request for Authorization dated 08/08/2014 was submitted for medications; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500mg #60 x 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The request for Naprosyn 500 mg #60 x 3 Refills is not medically necessary. The CA MTUS guidelines recognize ibuprofen as a non-steroidal anti-inflammatory drug. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Although the injured worker reports efficacy and functional improvement with the use of medications, it was not indicated how long the injured worker had been utilizing the naproxen. In addition, the request does not indicate a frequency. Therefore, the request for Naprosyn 500 mg #60 x 3 Refills is not medically necessary.

Cymbalta 30mg #30 x 3 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

Decision rationale: The request for Cymbalta 30 mg #30 x 3 Refills is not medically necessary. According to the California MTUS Guidelines, Duloxetine (Cymbalta) is recommended as an option in first-line treatment option in neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). Although the injured worker reports efficacy and functional improvement with the use of medications, it was not indicated how long the injured worker had been utilizing the cymbalta. In addition, the request does not indicate a frequency. Therefore, the request for Cymbalta 30 mg #30 x 3 Refills is not medically necessary.

Amrix 15mg XR 24hr-cap #30 x 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

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

Decision rationale: The request for Amrix 15 mg XR 24hr-cap #30 x 3 Refills is not medically necessary. The CA MTUS guidelines recommend cyclobenzaprine (amrix) as an option, using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. Although the injured worker reports efficacy and functional improvement with the use of medications, it was not indicated how long the injured worker had been utilizing the amrix. In addition, the request does not indicate a frequency. Therefore, the request for Amrix 15 mg XR 24hr-cap #30 x 3 Refills is not medically necessary.

Lidoderm 5% Patch (Lidocaine) #60 x 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The request for Lidoderm 5% Patch (Lidocaine) #60 x 3 refills is not medically necessary. The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. It was not indicated the injured worker had tried and failed antidepressants and anticonvulsants. In addition, it was not indicated the injured worker had tried a first line therapy such as gabapentin or Lyrica. It was not indicated how long the injured worker had been utilizing the Lidoderm patch. Furthermore, the request does not indicate a frequency. Therefore, the request for Lidoderm 5% Patch (Lidocaine) #60 x 3 refills is not medically necessary.