

Case Number:	CM14-0142876		
Date Assigned:	09/10/2014	Date of Injury:	12/18/2010
Decision Date:	10/10/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/03/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma. 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 38-year-old female who reported an injury after heavy utensils fell on the right shoulder on 12/18/2010. The clinical note dated 08/20/2014 indicated diagnoses of cervical pain, shoulder pain, carpal tunnel syndrome, sleep disturbance, headaches, depression, and anxiety. The injured worker reported neck pain that radiated to the right shoulder area rated 7/10. The injured worker reported nausea because of the pain in the arm. The injured worker was given an injection in the shoulder with no response. The injured worker reported right shoulder pain that was worse rated 10/10. The injured worker reported she was unable to lift the arm at the shoulder and had lost strength and reported tingling and numbness. The injured worker reported hand numbness to the right hand with weakness and reported having difficulty with holding onto the objects. The injured worker reported that she felt there was metal in the dorsum of the hand on the right. The injured worker reported sleep problems due to her pain. The injured worker reported headaches rated 5/10. On physical examination, the injured worker's motor strength was 5/5 in all extremities. Right hand was numb, but the middle finger was swollen. The injured worker's range of motion was full in all planes. The injured worker's treatment plan included continue medications, and followup in 6 weeks. The injured worker's prior treatments included medication management. The injured worker's medication regimen included Cymbalta, tizanidine, Ultracet, Celexa, ibuprofen, oxycodone. The provider submitted a request for ibuprofen, Cymbalta, tizanidine, and Ultracet. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Tablets of Ibuprofen 600mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

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

Decision rationale: The request for 90 Tablets of Ibuprofen 600mg 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. The documentation submitted indicated the injured worker was not taking her ibuprofen. In addition, the injured worker reports neck pain 7/10 and right shoulder pain 10/10. There is no indication that the use of ibuprofen has resulted in diminished pain levels or functional improvement. Furthermore, the request does not indicate a frequency. Therefore, the request for 90 Tablets of Ibuprofen 600mg is not medically necessary.

30 Capsules of Cymbalta delayed release 60mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The request for 30 Capsules of Cymbalta delayed release 60mg 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 re-uptake inhibitor antidepressant (SNRIs). The documentation submitted indicated the injured worker was not taking her Cymbalta. In addition, the injured worker reports neck pain 7/10 and right shoulder pain 10/10. There is no indication that the use of Cymbalta has resulted in diminished pain levels or functional improvement. Furthermore, the request does not indicate a frequency. Therefore, the request for 30 Capsules of Cymbalta delayed release 60mg is not medically necessary.

30 tablets of Tizanidine HCL 4mg (2 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex), Page(s): 66.

Decision rationale: The request for 30 tablets of Tizanidine HCL 4mg (2 refills) is not medically necessary. The California MTUS guidelines recognize Zanaflex as a centrally acting

alpha2-adrenergic agonist muscle relaxant that is FDA approved for management of spasticity; unlabeled use for low back pain. The documentation submitted indicated the injured worker was not taking her tizanidine. In addition, the injured worker reports neck pain 7/10 and right shoulder pain 10/10. There is no indication that the use of tizanidine has resulted in diminished pain levels or functional improvement. Furthermore, the request does not indicate a frequency. Therefore, the request for 30 tablets of Tizanidine HCL 4mg (2 refills) is not medically necessary.

40 tablets of Ultracet 37.5/325mg: 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 Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The request for 40 tablets of Ultracet 37.5/325mg is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The documentation submitted indicated the injured worker was not taking her Ultracet. In addition, the injured worker reports neck pain 7/10 and right shoulder pain 10/10. There is no indication that the use of Ultracet has resulted in diminished pain levels or functional improvement. Furthermore, the request does not indicate a frequency. Therefore, the request for 40 tablets of Ultracet 37.5/325mg is not medically necessary.