

<b>Case Number:</b>	CM14-0144402		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	03/04/2011
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 Medicine and is licensed to practice in California. 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:

This is a 64-year-old female with a 3/4/11 date of injury; the mechanism of the injury was not described. The patient underwent right shoulder SLAP repair on 11/27/13 and left shoulder subacromial decompression on 5/14/13. The progress note dated 1/17 14 indicated that the patient was taking Cymbalta and Ativan and that she suffered from constipation from the use of Tramadol. The prescriber added Colace to the patient's regimen. The patient was seen on 4/30/14 for the follow up visit. The note stated that the right shoulder pain was 6/10 frequent, cramping, moderate and intermittent. The patient complained of joint pain, muscle spasms, numbness, depression, headaches, and tremors. The physical examination was not performed. The diagnosis is cervical sprain/strain, bilateral shoulder impingement/strain/tendonitis/bursitis, epicondylitis and depression. Treatment to date: work restrictions, physical therapy and medications. An adverse determination was received on 8/18/14. The request for Cymbalta was denied given that there was no indication that the patient suffered from diabetic neuropathy, anxiety or depression. The request for Ativan was denied given that that there was no indication that the patient required sedative/hypnotic, anxiolytic, anticonvulsant, and or muscle relaxant. The request for Colace was denied given that there was no indication that the patient suffered from constipation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Cymbalta 20mg 2 HS #60 refills: 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) Page(s): 15, 105. Decision based on Non-MTUS Citation FDA: Cymbalta

**Decision rationale:** Duloxetine (Cymbalta ): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. California Medical Treatment Utilization Schedule (MTUS) recommends Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. There is a lack of documentation indicating that the patient suffered from fibromyalgia, diabetic neuropathy, neuropathic pain or anxiety. The notes indicated that the patient was diagnosed with depression and that she was taking Cymbalta at least from 1/17/14. However, there is a lack of documentation with subjective and objective functional gains from the treatment with Cymbalta. In addition, there is no rationale with regards to the continued treatment with the SNRI. Therefore, the request for Cymbalta 20mg 2 HS #60 refills: 2 was not medically necessary.

**Retro Ativan 1mg, 1 HS #30 refill: 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The progress notes indicated that the patient was taking Ativan at least from 1/17/14, however there is a lack of documentation indicating objective functional gains from the treatment. There is no clear rationale with regards to the treatment with Ativan and the patient already exceeded the recommended duration of treatment with benzodiazepine. Therefore, the request for Ativan 1mg 1 HS #30 refill: 2 was not medically necessary.

**Retro Colace 100mg, 1 BID #80 refill: 2:** 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 Page(s): 77. Decision based on Non-MTUS Citation FDA (Docusate)

**Decision rationale:** The FDA states that Colace (Sodium Docusate) is indicated for the short-term treatment of constipation; prophylaxis in patients who should not strain during defecation; to evacuate the colon for rectal and bowel examinations; and prevention of dry, hard stools. California Medical Treatment Utilization Schedule (MTUS) states that with opioid therapy, prophylactic treatment of constipation should be initiated. The progress note dated 1/17/14 indicated that the patient started the treatment with Colace. However, there is a lack of documentation indicating any subjective or objective functional gains from the treatment. In addition, there is a lack of recent documentation indicating that the patient suffered from constipation and there is no rationale with regards to the prophylactic treatment of constipation for the patient. Therefore the request for Colace 100mg 1 BID #80 refill: 2 was not medically necessary.