

Case Number:	CM14-0173344		
Date Assigned:	10/24/2014	Date of Injury:	08/18/2009
Decision Date:	12/24/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/20/2014

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 Emergency 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:

Patient injury occurred on 8/18/2009. The mechanism of injury is described as a lifting injury. Patient has a diagnosis of left shoulder surgery times two (no details documented), right shoulder sprain, bilateral epicondylitis and bilateral carpal tunnel syndrome. Medical reports reviewed. Patient complains of bilateral shoulder and bilateral elbow pain. Pain is worst on right shoulder. The patient also references weakness when gripping and grasping. On a visual analog pain scale the patient's pain is 8/10. Objective exam reveals stiffness to cervical spine paravertebrals and trapezius. The patient also references a limited range of motion (ROM) due to pain. Reports reveal negative spurling or cervical compression tests. Left shoulder exam reveals well healed scar with tenderness to AC joint with full ROM limitation due to pain. Right shoulder exam was benign with mild tenderness. Reports show that the Neer's and Hawkins are positive. The elbow exam was normal with full ROM with no tenderness. Wrist exam shows documentation of tenderness to volar area as well as full ROM with questionable Tinel's bilaterally. Negative Phalen's and Finkelstein. Lumbar exam had tenderness and full ROM. Neurologically intact. Note mentions that Cymbalta is for neuropathic pain. There is no rationale for why Restoril was prescribed. A note from 9/17/14 notes that patient is to be seen by orthopedics and has been approved for psychiatric therapy. Patient had reported EMG/NCV but no results were documented. Independent Medical Review is for Cymbalta 20mg #30 and Restoril 15mg #30. Prior UR on 10/9/14 recommended non-certification. It approved prescription for Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 20 mg, QTY: 30, per 09/17/14 form: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14.

Decision rationale: Duloxetine(Cymbalta) is a selective serotonin reuptake inhibitor(SNRI) with efficacy in neuropathic pain. There is no evidence about what neuropathic pain, As per California Medical Treatment Utilization Schedule (MTUS) Chronic pain guidelines, SNRIs have little evidence in the treatment of radiculopathy or chronic low back pains. While there is some vague documentation of improvement of pain and function with Cymbalta, the lack of objective documentation of improvement on an off label use of a medication with little evidence to support its use is not warranted. Cymbalta is not medically necessary.

Restoril 15 mg, QTY: 30, per 09/17/14 form: Upheld

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

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

Decision rationale: Restoril or Temazepam is a benzodiazepine. As per California Medical Treatment Utilization Schedule (MTUS) chronic pain guidelines is not recommended for long term use. There is strong risk of dependence and tolerance develops rapidly. It is unclear if Restoril is being used for pain or anxiety. Restoril is not medically necessary.