

Case Number:	CM14-0093215		
Date Assigned:	07/25/2014	Date of Injury:	12/18/2010
Decision Date:	09/17/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/19/2014

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 is licensed to practice in Illinois. 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 36-year-old with a reported date of injury on December 18, 2010. The injury reportedly occurred when the injured worker tried to reach for objects overhead and utensils fell over her right shoulder. Her diagnoses were noted to include cervical pain, shoulder pain, carpal tunnel syndrome, sleep disturbance, headaches, and depression. The progress note dated May 20, 2014 revealed the injured worker complained of neck pain rated 7/10 that radiated to the right shoulder area and complained of nausea because of pain in the arm. The right shoulder pain was rated 10/10 and she was unable to lift her arm at the shoulder and had loss of strength and numbness and tingling. The injured worker complained of hand numbness and weakness and had difficulty holding objects. The injured worker complained of headaches on a scale of 5/10 without nausea, vomiting, or photophobia on a daily basis in the afternoon. The progress note dated July 9, 2014 revealed the injured worker revealed right sided neck pain on a scale of 06/10 and was having more frequent headaches. The physical examination revealed motor strength to be 5/5 to all extremities, the right hand was numb, and the middle finger was swollen. The Request for Authorization form dated July 11, 2014 was for Cymbalta 60 mg 1 daily for neck pain, tizanidine 4 mg 1 as needed at bedtime, and Ultracet 2 tablets as needed every 6 hours; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine HCL 4 mg with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The injured worker has been utilizing this medication since at least 09/2013. The California Chronic Pain Medical Treatment Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time and there is a lack of documentation of objective improvement. Therefore, the request for Tizanidine HCL 4 mg with two refills is not medically necessary or appropriate.

Ultracet 37.5/325 mg, forty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The injured worker was prescribed this medication September of 2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The Guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. There is a lack of documentation regarding evidence of significant pain relief on a numerical scale with the use of medications. There is a lack of documentation regarding improved functional status with activities of daily living with the use of medications. There is a lack of documentation regarding side effects and as to whether or not the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, due to the lack of documentation regarding evidence of significant pain relief, improved functional status, side effects, and without details regarding urine drug testing to verify appropriate medication use in the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the Guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request for Ultracet 37.5/325 mg, forty count, is not medically necessary or appropriate.

Cymbalta 60 mg, thirty capsules: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16.

Decision rationale: The injured worker has been utilizing this medication since at least 2013. The California Chronic Pain Medical Treatment Guidelines recommend anti-epileptic drugs for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and polyneuropathy. There is a lack of documentation regarding the efficacy of this medication and the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Cymbalta 60 mg, thirty capsules, is not medically necessary or appropriate.