

Case Number:	CM14-0098073		
Date Assigned:	09/23/2014	Date of Injury:	08/17/2009
Decision Date:	10/23/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/26/2014

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 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:

The injured worker is a 36-year-old male who reported a crush injury on 06/17/2009. The current diagnoses include reflex sympathetic dystrophy of the lower extremity, anxiety, and depressive disorder. Previous conservative treatment is noted to include aquatic therapy, medication management, rest, and home exercise. The current medication regimen includes Cymbalta 60 mg, Dendracin lotion, naproxen sodium 550 mg, Omeprazole 20 mg, and oxycodone 5 mg. The injured worker was evaluated on 06/05/2014 with complaints of persistent lower extremity pain. The injured worker was reportedly participating in an aquatic therapy program. The physical examination revealed marked color change throughout the left lower extremity, atrophy of the left thigh and calf muscles, significant allodynia in the entire lower extremity, and an inability to tolerate palpation. The injured worker had also developed trigger finger in the left hand. Treatment recommendations at that time included continuation of the aquatic therapy program and the current medication regimen. There was no Request for Authorization Form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta DR 60mg QAM 9brand name only) #30 with 5 refills: 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 Page(s): 13-16.

Decision rationale: The California MTUS Guidelines state Cymbalta has been FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It has also been used off label for neuropathic pain and radiculopathy. As per the documentation submitted for review, the injured worker has continuously utilized this medication since 12/2013. However, there is no documentation of objective functional improvement. Therefore, the ongoing use cannot be determined as medically appropriate.

Dendracin 0.0375%/10% lotion Topically QID 1 120ml bottle with 5 refills: 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 Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of a failure to respond to first line oral medication. Additionally, the injured worker has continuously utilized this medication since 12/2013 without any evidence of objective functional improvement. As such, the request is not medically appropriate.

Naproxen Sodium 550mg #60 with 5 refills: 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 Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. The injured worker has continuously utilized this medication since 12/2013 without any evidence of objective functional improvement. The guidelines do not recommend long term use of NSAIDs. Therefore, the current request cannot be determined as medically appropriate.

Omeprazole DR 20mg #60 with 5 refills: 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 Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. As per the documentation submitted for review, there is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the current request is not medically appropriate.

Oxycodone 5mg Q3H # 210: 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 Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication since 12/2013. Despite the ongoing use of this medication, the injured worker continues to report high levels of pain. There is no documentation of objective functional improvement. Therefore, the ongoing use of this medication cannot be determined as medically appropriate.