

Case Number:	CM13-0062772		
Date Assigned:	05/07/2014	Date of Injury:	01/23/2013
Decision Date:	03/09/2015	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	12/09/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 50 year old male who sustained an industrial accident on 01/23/2013. The injured worker has diagnoses of right forearm pain, cervicgia, rule out herniated disc, right shoulder pain; rule out rotator cuff syndrome and focal entrapment neuropathy, and focal wrist injury. Treatment to date has included medications, physical therapy, home exercise program, splinting, and cortisone injection. The treating provider is requesting Butrans Patch 5mcg/hour, once a week, #4, and Cymbalta 30mg 1 capsule daily, # 30, due to right elbow pain with the pain rated 6-7 out of 10 which was described as aching, burning, deep, pulling, radiating, sharp, shooting, tearing and tender. He is experiencing clicking and popping in the elbow. On 09/11/2013 the Utilization Review non-certified the request for Butrans patch 5mcg/hour, once a week, #4 citing California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines. Cymbalta 30mg, once daily, #30 was non-certified citing California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRANS PATCH 5MCG #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BUPRENORPHINE Page(s): 26-27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

Decision rationale: The patient injured his neck, right shoulder and right elbow putting gutters into his truck. He had strain/sprain injuries. Butran's patch is a controlled substance opiate that is addicting. He remained out of work despite the opiate. The documentation does not meet MTUS guidelines for on-going opiate treatment with respect to documentation of analgesia, side effects, improved ability to perform activities of daily living and aberrant drug seeking behavior. Butran's patch is not medically necessary.

CYMBALTA 30MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DULOXETINE (CYMBALTA), Page(s): 15-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine Page(s): 43 - 44.

Decision rationale: Duloxetine (Cymbalta) is an anti-depressant and is used to treat fibromyalgia and diabetic neuropathy. The documentation does not support any of the FDA approved indications for Cymbalta treatment. It is not medically necessary for this patient.