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| Case Number: | CM15-0112261 | | |
| Date Assigned: | 06/18/2015 | Date of Injury: | 05/30/2011 |
| Decision Date: | 07/21/2015 | UR Denial Date: | 06/01/2015 |
| Priority: | Standard | Application Received: | 06/10/2015 |

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: Texas, Illinois
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 was a 48-year-old female, who sustained an industrial injury, May 30, 2011. The injured worker previously received the following treatments Cymbalta, Gabapentin, Hydrocodone, Lidoderm Patches and psychiatric care. The injured worker was diagnosed with depression, anxiety, complex regional pain syndrome, brachial plexus disorder, mono-neuritis, and shoulder joint pain, adhesive capsulitis of the right shoulder region, right shoulder impingement syndrome, and chronic pain syndrome. According to progress note of May 15, 2015, the injured worker's chief complaint was right shoulder impingement, brachial plexopathy and right upper extremity complex regional pain syndrome type 1 with severe sleep and mood disorder. The injured worker's pain complaints remain unchanged and severe. The physical exam noted muscle aches and weakness and arthralgia/joint pain, back pain and swelling in the extremities. The treatment plan included prescription for Lidoderm Patches and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch DIS 5 Percent #30 with 5 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 9 and 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch); Topical Analgesics Page(s): 56-57:111-113.

Decision rationale: The injured worker sustained a work related injury on May 30, 2011. The medical records provided indicate the diagnosis of depression, anxiety, complex regional pain syndrome, brachial plexus disorder, mono-neuritis, and shoulder joint pain, adhesive capsulitis of the right shoulder region, right shoulder impingement syndrome, and chronic pain syndrome. Treatments have included Cymbalta, Gabapentin, Hydrocodone, Lidoderm Patches and psychiatric care. The medical records provided for review do not indicate a medical necessity for Lidoderm Patch DIS 5 Percent #30 with 5 Refills .Lidoderm patch is a topical analgesic. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS states that Lidoderm patch is only FDA approved for post-herpetic neuralgia. The injured worker has not been diagnosed of post herpetic neuralgia. This request is not medically necessary.

Cymbalta Cap 30 MG 1 Cap #60 with 5 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, and 111-113.

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

Decision rationale: The injured worker sustained a work related injury on May 30, 2011. The medical records provided indicate the diagnosis of depression, anxiety, complex regional pain syndrome, brachial plexus disorder, mono-neuritis, and shoulder joint pain, adhesive capsulitis of the right shoulder region, right shoulder impingement syndrome, and chronic pain syndrome. Treatments have included Cymbalta, Gabapentin, Hydrocodone, Lidoderm Patches and psychiatric care. The medical records provided for review do not indicate a medical necessity for Cymbalta Cap 30 MG 1 Cap #60 with 5 Refills. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs) recommended as a first line treatment of neuropathic pain. The MTUS recommends the assessment of treatment efficacy for individuals on antidepressants should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The medical records indicate the injured worker has been using this medication at least since 12/2014, but without overall improvement in pain and depression. This request is not medically necessary.