

Case Number:	CM15-0119042		
Date Assigned:	06/29/2015	Date of Injury:	03/16/2011
Decision Date:	07/28/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/19/2015

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: California, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 (IW) is a 45 year old female who sustained an industrial injury on 03/16/2011. She reported constant, progressively worsening stiffness in the neck, followed later by tingling in both hands while working, and pain in the left more than the right. The injured worker was diagnosed as having musculoligamentous sprain strain of the lumbar spine with radiculopathy exacerbation; 4-5 mm herniated nucleus pulposus at L4-5 with potential impingement of L5 roots bilaterally; musculoligamentous sprain/strain of the cervical spine-exacerbation; right C5-6 radiculopathy by NCS/EMG 11/16/11; cervicogenic headaches; complications of epidural steroid injections; TMJ, Bruxism, fracture of the tooth; adjustment disorder with anxiety and depression; insomnia; iatrogenic gastritis-exacerbation. Treatment to date has included medications and medication monitoring, time off work, and counseling. Currently, the injured worker complains of difficulty with fine motor manipulation, and using arms in activities of daily living. On examination the worker has decreased range of motion in all planes except flexion. The supraclavicular area was tender to palpation bilaterally, and there was occipital notch and paraspinal tenderness bilaterally. The shoulders had normal range of motion bilaterally associated with pain, and negative impingement sign. On examination of the lumbar spine there was decreased range of motion in all planes, and examination of the paravertebral muscles revealed tenderness greater on the right than left. Examination of the jaw had tenderness from the right to left on opening. Sensory was decreased to light touch in the right L5-S1 distribution. Coordination was good and gait was normal. The treatment plan included referral to the appropriate specialists, and both oral and topical medications. 1.

Cymbalta 20mg #30 with 2 refills; 2. Follow-Up with an Orthopedic Surgeon; 3. Voltaren Gel 100gm/tube, 5-tubes with 1 refill; 4. Monthly Cognitive Behavioral Treatment; 5. Return Appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 20mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSNRI Page(s): 15.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, Selective serotonin and norepinephrine reuptake inhibitors, page 15, states that Cymbalta is a antidepressant/selective serotonin and nor-epinephrine re-uptake inhibitor (SNRI). It is utilized in management of depression and pain associated chronic conditions. The patient has been on Cymbalta in the past with good effect. The request in this case is to restart the medication. Since it has been some time in the past, assessment of effect should occur before refill to demonstrate functional benefit. Based on this the request for cymbalta with refills is not medically necessary.

Voltaren Gel 100gm/tube, 5-tubes with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 111-112.

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, page 111-112, NSAIDs, states that Voltaren Gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). In this case the intended use is on the cervical spine where that medication has not been evaluated and is not recommended. Based on this it is not medically necessary.