

Case Number:	CM15-0176341		
Date Assigned:	09/17/2015	Date of Injury:	04/04/2001
Decision Date:	10/27/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/08/2015

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, California

Certification(s)/Specialty: Family Practice

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 72 year old female, who sustained an industrial injury on April 4, 2001. The injured worker was being treated for status post right shoulder surgery, right shoulder sprain, and gastritis. Medical records (February 2, 2015 to August 24, 2015) indicate ongoing left shoulder pain. The injured worker reported she has been taking Duloxetine which decreases her pain, but the pain doesn't go completely away. She reported the use of Motrin is more effective and the pain goes away for a while and she was able to do her activities a bit more during the day. She reported needing Prilosec while taking Motrin so she doesn't feel gastric irritation and acid reflux. The medical records show the subjective pain rating shows improvement from 5-6 out of 10 on February 2, 2015 to 3 out of 10 on August 24, 2015. The physical exam (August 24, 2015) reveals right-sided cervical paravertebrals and trapezius pain to palpation, cervical range of motion close to normal, tenderness to deep palpation at the right shoulder acromioclavicular joint and subacromial space, normal right shoulder range of motion, and pain in the extreme range of motion. Diagnostic studies were not included in the provided medical records. Treatment has included a home exercise program and medications including proton pump inhibitor (Prilosec since at least August 2015), antidepressant (Duloxetine since at least June 2015), muscle relaxant, histamine 2 antagonist, and non-steroidal anti-inflammatory. The requested treatments included Motrin 800 mg and Duloxetine 30 mg. On September 2, 2015, the original utilization review non-certified a request for Duloxetine 30 MG 1 Tab 2x/Day #60 and partially approved a request for Motrin 800 MG 1 Tab 2x/Day #20 (original request for #60) to allow for weaning. The patient's surgical history include right shoulder surgery. The

medication list include Flexeril, Zantac, Motrin and Naproxen. Per the note dated 10/5/15 the patient had complaints of right shoulder pain at 3/10 and pain was reduced with Motrin. Physical examination of the neck and right shoulder revealed tenderness on palpation and painful ROM, Evidence of depression, fibromyalgia or neuropathic pain was not specified in the records specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800 MG 1 Tab 2x/Day #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: Motrin 800 MG 1 Tab 2x/Day #60. Ibuprofen belongs to a group of drugs called non-steroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000)." Patient is having chronic pain and is taking Ibuprofen for this injury. The injured worker was being treated for status post right shoulder surgery, right shoulder sprain, and gastritis. Medical records (February 2, 2015 to August 24, 2015) indicate ongoing left shoulder pain. She reported the use of Motrin is more effective and the pain goes away for a while and she was able to do her activities a bit more during the day. The medical records show the subjective pain rating shows improvement from 5-6 out of 10 on February 2, 2015 to 3 out of 10 on August 24, 2015. The physical exam (August 24, 2015) reveals right-sided cervical paravertebrals and trapezius pain to palpation, cervical range of motion close to normal, tenderness to deep palpation at the right shoulder acromioclavicular joint and subacromial space, normal right shoulder range of motion, and pain in the extreme range of motion. Per the note dated 10/5/15 the patient had complaints of right shoulder pain at 3/10 and pain was reduced with Motrin. Physical examination of the neck and right shoulder revealed tenderness on palpation and painful ROM NSAIDS like Ibuprofen are first line treatments to reduce pain. The patient has chronic pain with significant objective abnormal findings. Motrin 800 MG 1 Tab 2x/Day #60 use is deemed medically appropriate and necessary in this patient. Motrin 800 MG 1 Tab 2x/Day #60 use is deemed medically appropriate and necessary in this patient.

Duloxetine 30 MG 1 Tab 2x/Day #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duloxetine (Cymbalta), SNRIs (serotonin noradrenaline reuptake inhibitors).

Decision based on Non-MTUS Citation Thompson Micromedex FDA labeled indication for Cymbalta.

Decision rationale: Duloxetine 30 MG 1 Tab 2x/Day #60: Cymbalta contains Duloxetine Hydrochloride. As per cited guideline "Duloxetine (Cymbalta): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy." According to the Thompson Micromedex FDA labeled indication for Cymbalta includes: Diabetic peripheral neuropathy, Pain, Fibromyalgia, Generalized anxiety disorder, Major depressive disorder, Musculoskeletal pain Chronic. The injured worker was being treated for status post right shoulder surgery, right shoulder sprain, and gastritis. Medical records (February 2, 2015 to August 24, 2015) indicate ongoing left shoulder pain. The medical records show the subjective pain rating shows improvement from 5-6 out of 10 on February 2, 2015 to 3 out of 10 on August 24, 2015. The physical exam (August 24, 2015) reveals right-sided cervical paravertebrals and trapezius pain to palpation, cervical range of motion close to normal, tenderness to deep palpation at the right shoulder acromioclavicular joint and subacromial space, normal right shoulder range of motion, and pain in the extreme range of motion. Per the note dated 10/5/15 the patient had complaints of right shoulder pain at 3/10 Physical examination of the neck and right shoulder revealed tenderness on palpation and painful ROM. The patient has documented objective evidence of chronic myofascial pain. Cymbalta is deemed medically appropriate and necessary in such a patient. Therefore, the Duloxetine 30 MG 1 Tab 2x/Day #60 is medically necessary for this patient at this time.