

Case Number:	CM15-0177272		
Date Assigned:	09/18/2015	Date of Injury:	12/05/2007
Decision Date:	11/10/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/09/2015

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

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 is a 54 year old female who sustained an injury on 12-5-07 resulting from cumulative trauma. She has injuries to bilateral shoulders, upper extremities, headaches, bilateral extremities. Diagnoses include tendinitis right shoulder; subacromial compression syndrome right shoulder; congenital anterior fusion T3-4; 4 mm disc bulge at T7-8, 3 mm bulge at T5-6; medial epicondylitis right elbow; cervical strain with radiculitis both upper extremities; headaches; depression and constipation. The records indicate Protonix was prescribed since at least 9-11-09; Cymbalta 60 mg per day since at least 2-16-12. The examination on 8-27-15 reports her current complaints are lower back pain that is constant and changes in severity from extremely excruciating to moderate and the pain was rated at 6. Upper back was rated 5 out of 10 and was aggravated when she moves too quickly or turning around; pain in bilateral shoulders was intermittent and occurs two to three times a week; left knee pain was constant and she has generalized whole body pain. She has had physical therapy, acupuncture and several cortisone injections and has not returned to work. She has pain in her left hip that prevent her from getting up and down. Physical examination gait appeared to be antalgic, no evident of joint effusion in bilateral knees; palpation entire body is tender to touch with more local tenderness present in left trochanteric bursa. Range of motion flexion 40 degrees and extension 20 degrees lumbar spine; knee examination (both) does not reveal any patellofemoral crepitation or grinding. She has difficulty with self-care, physical activity and sleep difficulty. Current requested treatments Cymbalta 30 mg #30; Dexilant 60 mg 330; Protonix 20 mg # 60; Cymbalta 20 mg #30. Utilization review 9-4-15 requested treatment modified Cymbalta 30 mg #15; and Cymbalta 20 mg #15; Dexilant and Protonix denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Evidence based guidelines necessitate documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Cymbalta use to date. This patient is also currently prescribed Elavil for neuropathic pain. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Cymbalta 30mg #30 is not medically necessary.

Dexilant 60mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor Dexilant. Dexilant 60mg #30 is not medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Protonix is a proton pump inhibitor. According to the Chronic Pain Medical Treatment Guidelines, and prior to prescribing a proton pump inhibitor, a clinician should determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any the risk factors needed to recommend a proton pump inhibitor. Protonix 20mg #60 is not medically necessary.

Cymbalta 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Evidence based guidelines necessitate documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Cymbalta use to date. This patient is also currently prescribed Elavil for neuropathic pain. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Cymbalta 20mg #30 is not medically necessary.