

Case Number:	CM15-0075238		
Date Assigned:	04/27/2015	Date of Injury:	07/18/2011
Decision Date:	05/22/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/20/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 58 year old male, who sustained an industrial injury on July 18, 2011. The injured worker has been treated for neck and right shoulder complaints. The diagnoses have included cervical spine pain, cervical disc protrusion, headaches, right shoulder pain, bilateral carpal tunnel syndrome, right rotator cuff tear and a right shoulder superior labrum, anterior to posterior tear. Treatment to date has included medications, radiological studies, injections, physical therapy, electrodiagnostic studies and a home exercise program. Current documentation dated March 11, 2015 notes that the injured worker reported neck pain with radiation to the right shoulder and right upper extremity. Associated symptoms included numbness and tingling. The injured worker noted a substantial benefit from his current medications. Physical examination of the cervical spine revealed tenderness to palpation, bilateral secondary fascial pain with triggering and ropey fibrotic banding bilaterally. Special orthopedic cervical testing was positive on the right. The treating physician's plan of care included a request for the medications Cymbalta and Naprosyn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen. NSAIDs (non-steroidal anti-inflammatory drugs, Dosing Information Page(s): 66-68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 67.

Decision rationale: This 58 year old male has complained of neck pain and right shoulder pain since date of injury 7/18/11. He has been treated with injections, physical therapy and medications to include NSAIDS since at least 11/2013. The current request is for Naprosyn. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS far exceeding the recommended duration. There is inadequate documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Naprosyn is not indicated as medically necessary in this patient.

Cymbalta 60mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta). As SNRI Page(s): 43-44, 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 15-16, 43-44.

Decision rationale: This 58 year old male has complained of neck pain and right shoulder pain since date of injury 7/18/11. He has been treated with injections, physical therapy and medications. The current request is for Cymbalta. Per the MTUS guidelines cited above, Cymbalta (Duloxetine) is indicated as a first line treatment for depression, anxiety and the treatment of pain related to diabetic neuropathy. There is inadequate documentation in the available medical records supporting any of these diagnoses. Per the MTUS guidelines, Cymbalta is not indicated as medically necessary in this patient.