

Case Number:	CM15-0078011		
Date Assigned:	04/29/2015	Date of Injury:	06/01/2000
Decision Date:	05/28/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/23/2015

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 50 year old female, who sustained an industrial injury on 6/1/2000. The current diagnoses are cubital tunnel syndrome, carpal tunnel syndrome, and status post bilateral carpal tunnel/elbow surgery. According to the progress report dated 4/1/2015, the injured worker complains of bilateral upper extremity pain. The pain is described as aching, radiating, shooting, and sore. The pain is rated 6/10 on a subjective pain scale. The current medications are Celebrex and Cymbalta. Treatment to date has included medication management, activity restrictions, home therapy exercises, Alpha stimulation, and surgical intervention. The plan of care includes prescriptions refills for Celebrex and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Celebrex 100mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Section (NSAIDs) Specific Drug List and Adverse Effects Section Page(s): 22, 67-71.

Decision rationale: The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. Per the MTUS Guidelines, the use of selective COX-2 NSAIDs such as Celebrex is recommended for relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis and ankylosing spondylosis. Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. The use of Celebrex is not recommended for neuropathic pain. In addition, NSAIDs are not intended for long term use as there are being used with this injured worker. The request for 1 Prescription of Celebrex 100mg #30 with 2 refills is not medically necessary.

1 Prescription for Cymbalta 30mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness & Stress.

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

Decision rationale: The MTUS Guidelines recommended the use of antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Assessment of treatment efficacy 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. Side effects should be assessed, including excessive sedation (especially that which would affect work performance). SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition. Additionally, there are no specific medications that have been proven in high quality studies to be efficacious for treatment of lumbosacral radiculopathy. MTUS recommends the use of Duloxetine (Cymbalta) for the treatment of major depressive disorder and the management of pain associated with diabetic peripheral neuropathy. Duloxetine (Cymbalta), an inhibitor of serotonin and norepinephrine reuptake, has been approved for the treatment of major depressive disorder. Duloxetine has been shown to be effective in the treatment of first and subsequent episodes of major depressive disorder, and regardless of duration of the current depressive episode. The medical records for this patient document previous prescriptions for Cymbalta but no functional benefit is reported. Additionally, there is no subjective complaint of or objective findings to indicate depression in this case. The request for 1 Prescription for Cymbalta 30mg #30 with 2 refills is not medically necessary.

