

Case Number:	CM15-0093307		
Date Assigned:	05/19/2015	Date of Injury:	01/16/1998
Decision Date:	06/18/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/14/2015

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: Emergency 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 64-year-old female, who sustained an industrial injury on 01/16/1998. She has reported injury to the neck. Diagnoses have included headache, mixed (cervicogenic vs neurogenic); cervical degenerative disc disease; unspecified myalgia and myositis; and depression. Treatment to date has included medications, diagnostics, moist heat, psychotherapy, and home exercise program. Medications have included Percocet, Omeprazole, Zantac, Ambien, Cymbalta, and Xanax. A progress note from the treating physician, dated 03/30/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of worsening headaches, depression, and shoulder and neck pain; severe neck and bilateral shoulder pain with numbness, tingling, weakness, and pain involving the entire bilateral upper extremities, extending to the fingertips; frequent dropping of items; pain score is 8/10 without medications, and 7/10 with medication; and the prescribed medications are keeping her functional, allowing for increased mobility, and tolerance of activities of daily living and home exercises. Objective findings have included tenderness to palpation of the cervical paraspinals, and bilateral occipitalis; decreased cervical spine range of motion; tenderness to palpation of the thoracic upper paraspinals; and tenderness to palpation of the lumbar paraspinals, L4-L5. The treatment plan has included the request for 2 Percocet 10mg-325mg #120; and Cymbalta 30mg CPEP capsule #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Percocet 10mg-325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested 2 Percocet 10mg-325mg #120, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has worsening headaches, depression, and shoulder and neck pain; severe neck and bilateral shoulder pain with numbness, tingling, weakness, and pain involving the entire bilateral upper extremities, extending to the fingertips; frequent dropping of items; pain score is 8/10 without medications, and 7/10 with medication; and the prescribed medications are keeping her functional, allowing for increased mobility, and tolerance of activities of daily living and home exercises. Objective findings have included tenderness to palpation of the cervical paraspinals, and bilateral occipitalis; decreased cervical spine range of motion; tenderness to palpation of the thoracic upper paraspinals; and tenderness to palpation of the lumbar paraspinals, L4-L5. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, 2 Percocet 10mg-325mg #120 is not medically necessary.

Cymbalta 30mg CPEP capsule #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 Treatment Guidelines Antidepressants for Chronic Pain, Pages 13-16 Page(s): 13-16.

Decision rationale: The requested Cymbalta 30mg CPEP capsule #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-16, note that Cymbalta is "FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy." The injured worker has worsening headaches, depression, and shoulder and neck pain; severe neck and bilateral shoulder pain with numbness, tingling, weakness, and pain involving the entire bilateral upper extremities,

extending to the fingertips; frequent dropping of items; pain score is 8/10 without medications, and 7/10 with medication; and the prescribed medications are keeping her functional, allowing for increased mobility, and tolerance of activities of daily living and home exercises. Objective findings have included tenderness to palpation of the cervical paraspinals, and bilateral occipitalis; decreased cervical spine range of motion; tenderness to palpation of the thoracic upper paraspinals; and tenderness to palpation of the lumbar paraspinals, L4-L5. The treating physician has not documented the medical necessity for the use of this anti-depressant as an outlier to referenced guideline negative recommendations, nor failed trials of recommended anti-depressant medication, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Cymbalta 30mg CPEP capsule #60 is not medically necessary.