

Case Number:	CM14-0142605		
Date Assigned:	09/10/2014	Date of Injury:	11/26/2012
Decision Date:	10/15/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Anesthesia, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

68y/o female injured worker with date of injury 11/26/12 with related left shoulder pain. Per progress report dated 6/23/14, the injured worker reported left shoulder pain with numbness and paresthasias to the left triceps, left elbow, and left wrist. Physical exam revealed tenderness upon palpation of the left shoulder with limited range of motion in all planes. She was also noted to have decreased sensation to touch at the left shoulder, left anterior biceps and left wrist. MRI (date unknown) revealed partial interstitial tear and possible area of non-healed tendon. EMG/NCS dated 6/23/14 was unremarkable. She has been treated with acupuncture, physical therapy, and medication management. The date of UR decision was 8/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #60, 2 refills: Overturned

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

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

Decision rationale: Per MTUS CPMTG with regard to the use of antidepressants for chronic pain: "Recommended as a first line option for neuropathic pain, and as a possibility for non-

neuropathic pain. (Feuerstein, 1997) (Perrot, 2006). Per the documentation submitted for review, it was noted that Cymbalta provided a 40% decrease in the patient's pain with 40% improvement in the patient's activities of daily living, such as self-care and dressing. Cymbalta is indicated for the injured worker's neuropathic pain, and as it has documented efficacy for their neuropathic pain, it is medically necessary. I respectfully disagree with the UR physician's assertion that the request as written for 2 refills does not allow for timely reassessment of medication efficacy. The MTUS does not mandate that the injured worker needs to be seen every month. It should be noted that the UR physician has certified a modification of this request with no refills.

Butrans Patch 10mcg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine, Opioids Page(s): 26-27; 78.

Decision rationale: With regard to Buprenorphine, the MTUS CPMTG states: "recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction (see below for specific recommendations). A schedule-III controlled substance, buprenorphine is a partial agonist at the mu-receptor (the classic morphine receptor) and an antagonist at the kappa-receptor (the receptor that is thought to produce alterations in the perception of pain, including emotional response). In recent years, buprenorphine has been introduced in most European countries as a transdermal formulation ("patch") for the treatment of chronic pain. Proposed advantages in terms of pain control include the following: (1) No analgesic ceiling; (2) A good safety profile (especially in regard to respiratory depression); (3) Decreased abuse potential; (4) Ability to suppress opioid withdrawal; & (5) An apparent antihyperalgesic effect (partially due to the effect at the kappa-receptor)." Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 As' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The documentation submitted for review noted that the Butrans patch provided a 50% decrease in the patient's pain and 50% improvement in the patient's activities of daily living, such as self-care and dressing. The request is medically necessary. It should be noted that the UR physician has not denied the request, but certified a modification of the request specifying quantity information; 1 patch every 7 days #1.