

Case Number:	CM14-0173315		
Date Assigned:	10/24/2014	Date of Injury:	06/07/2004
Decision Date:	11/25/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/20/2014

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 Emergency Medicine 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:

The injured worker is a 58 year-old female, who sustained an injury on June 7, 2004. The mechanism of injury is not noted. Diagnostics have included: January 8, 2014 EMG/NCV reported as showing mild left carpal tunnel syndrome. Treatments have included right carpal tunnel release and revision, physical therapy, and medications. The current diagnoses are status post right carpal tunnel release, mild left carpal tunnel syndrome, bilateral third finger triggering, chronic lateral epicondylitis, chronic right shoulder strain, and chronic myofascial pain with depression. The stated purpose of the request for 1 prescription of Cymbalta 30mg #30 was for musculoskeletal pain and depression. The request for 1 prescription of Cymbalta 30mg #30 was denied on September 25, 2014, citing a lack of documentation of neuropathic pain. The stated purpose of the request for 1 prescription of Omeprazole 20mg #30 was to provide dyspepsia relief. The request for 1 prescription of Omeprazole 20mg #30 was denied on September 25, 2014, citing a lack of documentation of neither non-steroidal anti-inflammatory drugs (NSAIDs) prescription nor gastrointestinal (GI) distress symptoms. Per the report dated September 11, 2014, the treating physician noted complaints of pain to the neck and shoulders, weakness to the hands and right long finger triggering. Exam findings included right long finger triggering, positive right Tinel and Phalen signs, positive bilateral Finkelstein tests, positive Cozen sign at bilateral elbows, restricted cervical range of motion, positive cervical compression test, and cervical paraspinal muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Cymbalta 30mg #30: Upheld

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

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

Decision rationale: The requested 1 prescription of Cymbalta 30mg #30 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. The injured worker has pain to the neck and shoulders, weakness to the hands and right long finger triggering. The treating physician has documented right long finger triggering, positive right Tinel and Phalen signs, positive bilateral Finkelstein tests, positive Cozen sign at bilateral elbows, restricted cervical range of motion, positive cervical compression test, and cervical paraspinal muscle spasms. This medication has been prescribed since at least April 2013. The treating physician has not documented the medical necessity for the use of this anti-depressant as an outlier to referenced guideline negative recommendations, objective evidence of derived functional improvement, nor failed trials of recommended anti-depressant medication. The criteria noted above not having been met, the request is not medically necessary.

1 prescription of Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: The requested 1 prescription of Omeprazole 20mg #30 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, non-steroidal anti-inflammatory drugs (NSAIDs), gastrointestinal (GI) symptoms & cardiovascular risk, pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. 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 (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has pain to the neck and shoulders, weakness to the hands and right long finger triggering. The treating physician has documented right long finger triggering, positive right Tinel and Phalen signs, positive bilateral Finkelstein tests, positive Cozen sign at bilateral elbows, restricted cervical range of motion, positive cervical compression test, and cervical paraspinal muscle spasms. This medication has been prescribed since at least April 2013. The treating physician has not documented current oral

NSAID prescription, medication-induced GI complaints nor did GI risk factors. The criteria note above not having been met, this request is not medically necessary.