

Case Number:	CM13-0027532		
Date Assigned:	12/27/2013	Date of Injury:	05/04/2009
Decision Date:	05/26/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/23/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 57 year-old male with a 5/4/09 industrial injury claim. According to the 10/1/13 family medicine report from [REDACTED], the patient presents with 6/10 neck pain, 5/10 low back pain, and 5/10 upper limb pain. The diagnostic impression was: chronic axial spinal pain, likely facetogenic and disk mediated pain with cervicogenic headache and radiculopathy; chronic axial spinal pain with radiculopathy likely facet mediated, and disk injury; intraarticular shoulder pain with likely rotator cuff tear; focal entrapment neuropathy bilateral upper extremities. [REDACTED] requests x-rays, Cymbalta, Vicodin, Labs: CBC, CMP and testosterone; PSA, HgA1c, and a UDT. On 9/9/13 UR authorized x-rays of the left shoulder, but denied x-rays of the cervical and lumbar spine, bilateral hips and left shoulder, and denied Cymbalta 30mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYMBALTA 30MG CAPSULES #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43-44.

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

Decision rationale: The patient presents with chronic neck, back and shoulder pain. The review is for Cymbalta. California MTUS guidelines for antidepressants states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain." About 1 year subsequent to the published California MTUS guidelines on 11/4/10, The FDA approved Cymbalta for treatment of chronic musculoskeletal pain. The request for use of Cymbalta is in accordance with California MTUS guidelines, and the FDA.

RADIOLOGIC EXAMINATION, SPINE, CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182, Table 8-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179.

Decision rationale: According to the 10/1/13 family medicine report from [REDACTED], the patient presents with 6/10 neck pain, 5/10 low back pain, and 5/10 upper limb pain. The patient had trauma in 2009 when a large I-beam fell striking him on the shoulders and back. The 10/1/13 report does not report any recent injury or trauma to the cervical spine, and there are no positive cervical exam findings or abnormalities. The California MTUS/ACOEM guidelines, state: "Cervical radiographs are most appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurologic compromise." The request for cervical radiographs without acute trauma, or vertebral tenderness, or head injury or drug or alcohol intoxication or neurologic compromise is not in accordance with MTUS/ACOEM guidelines.

RADIOLOGIC EXAMINATION, SPINE, LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: According to the 10/1/13 family medicine report from [REDACTED], the patient presents with 6/10 neck pain, 5/10 low back pain, and 5/10 upper limb pain. There does not appear to be a physical exam of the lumbar spine. There is no rationale for the lumbar spine radiographs, no red-flags listed, nor discussion of how they would aid in patient management. California MTUS/ACOEM states: "Lumbar spine x rays should not be recommended in patients with low back pain in the Final Determination Letter for [REDACTED] absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management." The request for lumbar radiographs is not in accordance with MTUS/ACOEM guidelines.

RADIOLOGIC EXAMINATION, SPINE, BILATERAL HIPS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Hip & Pelvis (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip/Pelvis Chapter, X-ray

Decision rationale: According to the 10/1/13 family medicine report from [REDACTED], the patient presents with 6/10 neck pain, 5/10 low back pain, and 5/10 upper limb pain. There does not appear to be a physical exam of the lumbar spine. There is no rationale for the lumbar spine or hip radiographs, no red-flags listed, nor discussion of how they would aid in patient management. MTUS/ACOEM states: "Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management." The request for lumbar radiographs is not in accordance with MTUS/ACOEM guidelines. The patient does not meet the MTUS/ACOEM criteria for radiographs of the spine, so the request cannot be recommended as written.