

Case Number:	CM13-0061581		
Date Assigned:	12/30/2013	Date of Injury:	12/29/2003
Decision Date:	04/07/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, Pulmonary Diseases 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 physician 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 49-year-old male who reported an injury on 12/29/2003. The mechanism of injury was not specifically stated. The patient is diagnosed with unspecified essential hypertension, disorder of lipid metabolism, major depressive disorder, dietary surveillance and counseling, and dizziness. The patient was evaluated on 09/04/2013. The patient reported ongoing pain and limitation. Physical examination revealed no acute distress, appropriate mood and affect, normal heart rate, and increased muscle tone in the cervical region. Treatment recommendations included initiation of Benicar 20 mg and a chemistry panel, complete blood count, and coronary risk panel.

IMR ISSUES, DECISIONS AND RATIONALES

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

UNKNOWN PRESCRIPTION OF CYMBALTA: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

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

Decision rationale: The California MTUS Guidelines state antidepressants are recommended as a first-line option for neuropathic pain, and as a possibility for nonneuropathic pain. Cymbalta is

FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. There is no indication as to whether this patient currently utilizes this medication for neuropathic pain or depressive disorder. There was no evidence of this patient's current utilization of this medication or improved function as a result. The patient presents with normal and appropriate mood and affect. The medical necessity for the requested medication has not been established. Additionally, there is no strength, frequency, or quantity listed in the request. Based on the clinical information received, the request is noncertified.

UNKNOWN BLOOD LAB TESTS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: The California MTUS Guidelines recognize the risk for liver and kidney problems due to long term and high dose use of NSAIDs and acetaminophen. The interval of repeating lab tests after initiating treatment has not been established. Repeat testing should be based on patient risk factors and related symptoms. As per the documentation submitted, the patient presented with no acute distress. The patient does not exhibit signs or symptoms to suggest an abnormality. Therefore, the medical necessity has not been established. As such, the request is noncertified.