MAXIMUS Federal Services

Case Number:	CM14-0013954		
Date Assigned:	02/26/2014	Date of Injury:	02/13/2010
Decision Date:	06/26/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/04/2014

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 Occupational 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 applicant is a represented [redacted] employee who has filed a claim for chronic neck pain, headaches, shoulder pain, hip pain, wrist pain, and low back pain reportedly associated with an industrial injury of February 13, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; psychotropic medications; and adjuvant medications. In a Utilization Review Report dated January 24, 2014, the claims administrator approved request for propranolol for hypertension, denied a request for Cymbalta, and denied a request for verapamil. The claims administrator suggested in its rationale that pages 15 and 16 of the MTUS Chronic Pain Medical Treatment Guidelines do not support provision of Cymbalta for chronic pain or neuropathic pain, seemingly at odds with the cited pages 15 and 16 of the MTUS Chronic Pain Medical Treatment Guidelines. In a January 9, 2014 progress note, the applicant was described as having been off of work, on total temporary disability, for a number of years. The applicant has become homeless and destitute, it was stated. The applicant had ongoing issues with pain and depression, it was stated. The applicant stated that she was not at imminent risk of hurting herself or to others. The applicant's medication list included Cymbalta, Flexeril, Valium, Motrin, Norco, Inderal, Topamax, and Verapamil. The applicant had a history notable for hypertension. The applicant's blood pressure was fairly controlled at 130/88, it was stated. Hyposensorium is noted about the upper extremities. The attending provider stated he was very concerned about the applicant's worsening psychological stress associated with her being off of work. Flexeril, Cymbalta, Valium, Motrin, Norco, Inderal, Topamax, and Verapamil were all refilled. A November 11, 2013 progress note was again notable for comments that the applicant carried an ancillary diagnosis of hypertension. The applicant's blood pressure was well controlled at 132/82 on this date. The applicant was again placed off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

VERAPAMIL 180 MG, 1 PO QD, #30, REFILL 3: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians' Desk Reference (PDR), Verapamil Drug Guide.

Decision rationale: The MTUS does not address the topic of verapamil usage. As noted in the Physicians' Desk Reference, however, verapamil is indicated in the treatment of hypertension, which is one of the diagnoses reportedly present here. In this case, the attending provider has seemingly suggested that combo therapy with two antihypertensives is needed to address the applicant's hypertension. Several office visits, referenced above, do suggest that the applicant's hypertension is well controlled with ongoing usage of verapamil. Therefore, the request is medically necessary.

CYMBALTA 30 MG, 1 PO QSH #90, REFILL 3: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 15,16

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402,Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Cymbalta section. Page(s): 15.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, it often takes weeks for antidepressants to exert their maximal effect. In this case, the applicant is having fairly serious complaints of depression and anxiety, apparently exacerbated by financial and socioeconomic constraints. The applicant is homeless. The attending states that he is very concerned about the applicant's mental health state deteriorating. It is further noted that the applicant also has some elements of cervical radiculopathy with associated upper extremity neuropathic symptoms. Contrary to what was suggested by the claims administrator, page 15 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest that Cymbalta can be employed off label for radiculopathy, as is present here. Therefore, the request is medically necessary, for all of the stated reasons.