

Case Number:	CM14-0121815		
Date Assigned:	08/06/2014	Date of Injury:	12/24/2008
Decision Date:	10/01/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/01/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Alabama and Maryland. 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:

patient is a 62 year old male who sustained an injury on 12/24/2008, the mechanism of which was not stated in his medical records for review. He is currently diagnosed with lumbar degenerative disc. The patient is status post multi-level decompressive lumbar laminectomy. He also underwent a right L5-S1 epidural steroid injection which resulted to 80% improvement of his symptoms. He sleeps well. Current pain is 3/10 with meds and the injection. His affect and mood are appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 50 Mg #60: Upheld

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 Official Disability Guidelines (ODG)

Decision rationale: The CA MTUS ODG guidelines states that trazadone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. As mentioned above, there is no psychological evaluation in the medical records for this patient. Therefore this request is not medically necessary.

Cymbalta 30 Mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines- Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS Page(s): 15.

Decision rationale: According to CA MTUS , cymbalta may be used for both neuropathic pain and depression. Patients medical records do not include an objective psychological evaluation at the most recent visit prior to this request. In addition, the patients pain level without medication was not stated to demonstrate the improvements noted with intake of this medication. Therefore, based on the guidelines and the presenting medical records, the request is not necessary