

Case Number:	CM14-0020899		
Date Assigned:	04/30/2014	Date of Injury:	01/19/2006
Decision Date:	07/08/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/19/2014

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 bilateral shoulder pain reportedly associated with an industrial injury of January 19, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; muscle relaxants; topical agents; and psychotropic medications. In a utilization review report dated January 22, 2014, the claims administrator denied a request for Cymbalta and urine drug testing. The applicant's attorney subsequently appealed. In an April 7, 2014 progress note, the applicant was described as reporting persistent bilateral shoulder pain. The applicant is also having issues with difficulty hearing secondary to a ruptured eardrum. The applicant's medication list included Norco, Lyrica, Robaxin, Cymbalta, Voltaren gel, Flonase, Norvasc, Prilosec, and Motrin, it was stated. Operating diagnoses included shoulder pain and elbow pain. It was stated that the applicant was frustrated with delays in terms of authorization for Cymbalta. It was stated that a trial of Cymbalta was being considered to address neuropathic pain in the applicant's fingers. The applicant is also having issues with frustration, decreased mood, and diminished energy levels, all of which suggested low-grade depression. In an earlier note of March 10, 2014, the applicant was described as off of work. Trigger point injection therapy was performed in the clinic setting. It appears that earlier drug testing was being sought on January 13, 2014. It appears that the applicant's preliminary drug test results were positive for opioid and that quantitative drug testing/confirmatory testing was being sought. No rationale for the latter was provided. The applicant was again described as not working on that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYMBALTA 30MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYMBALTA (DULOXETINE) & DULOXETINE (CYMBALTA).

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

Decision rationale: As noted on page 15 of the MTUS Chronic Pain Medical Treatment Guidelines, Cymbalta is FDA approved in the treatment of anxiety, depression, diabetic neuropathy, and fibromyalgia. Cymbalta can, however, be employed off-label for neuropathic pain and/or radiculopathy. In this case, the request in question seemingly represents a first time request and/or a request for a trial of Cymbalta. The applicant does reportedly have low-grade depressive symptoms. The applicant also has neuropathic symptoms of numbness and tingling about the hands. A trial of Cymbalta is therefore indicated and appears to be a particularly appropriate choice, given the applicant's combination of neuropathic complaints and depressive symptoms. Therefore, the request is medically necessary.

QUANTITATIVE URINE ANALYSIS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Topic Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing topic.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or a frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter Urine Drug Testing topic, quantitative drug testing is not recommended for verifying compliance without evidence of necessity. In this case, the attending provider did apparently seek authorization for both quantitative testing and confirmatory testing, the latter of which should not be performed outside of the Emergency Department drug overdose context, without any accompanying documentation which establishes necessity. In this case, no accompanying documentation establishing the necessity was provided. It was not clearly stated why confirmatory drug testing was needed or indicated here, particularly if the drug test in question was already positive for prescribed opioids. Therefore, the request is not medically necessary.