

Case Number:	CM14-0196690		
Date Assigned:	12/04/2014	Date of Injury:	01/14/2011
Decision Date:	04/24/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 62-year-old female who reported injury on 10/14/2013. The mechanism of injury was not provided. The injured worker underwent urine drug screens. The surgical history and diagnostic studies were not provided. Other therapies included physical therapy and medication. The injured worker underwent a percutaneous electrical peripheral nerve stimulator into the upper limb on 07/07/2014. The injured worker underwent an additional implantation on 05/04/2014. The injured worker's medications included tramadol as of at least 05/2014. The injured worker's included Cymbalta as of at least 09/2014. The documentation of 10/13/2014 revealed the injured worker indicated she thought the Cymbalta was helping. The injured worker was utilizing Cymbalta up to 40 mg per day without side effects. The injured worker indicated she felt calmer. The physical examination remained unchanged. The suggestion was made for Cymbalta up to 60 mg per day and a continuation of tramadol ER 150 mg per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60; 78.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior through urine drug screens. There was a lack of documentation of objective functional improvement and objective decrease in pain. The request as submitted failed to indicate the frequent for the requested medication. Given the above, the request for tramadol ER 150 mg #30 is not medically necessary.

Cymbalta 60 mg #30: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain. They are recommended especially if the pain is accompanied by insomnia, anxiety or depression. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation provided for review failed to provide documentation of an objective decrease in pain and documentation of objective improvement in function. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Cymbalta 60 mg #30 is not medically necessary.