

Case Number:	CM14-0203799		
Date Assigned:	12/16/2014	Date of Injury:	10/08/1996
Decision Date:	02/03/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/05/2014

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:

This individual is a 59 y/o female who has developed chronic cervical and upper extremity pain subsequent to an injury dated 10/08/96. Her diagnosis includes cervical pain associated with a chronic regional pain disorder. She has been treated with injections, spinal cord stimulator and oral analgesics. She has meaningful pain relief with Cymbalta 60mg. BID and Oxycontin 15mg. q.d. This prescription was modified to no refills, but no Guidelines were used for this modification. A request for repeat urine drug screening was denied due to a prior urine drug test within the past year (Feb. '14).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective Serotonin and nor epinephrine reuptake inhibitors (SNRIs).

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

Decision rationale: MTUS Guidelines supports the use of Cymbalta for chronic neuropathic pain that this patient has. The medication is documented to be beneficial and continued use is

Guideline supported. Guidelines do not limit the number of refills provided for a long-term successful medication. The 60mg. #60 tabs of Cymbalta with 2 refills is medically necessary.

UDS DOS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (OD) Pain, Urine Drug Testing.

Decision rationale: MTUS Guidelines recommend urine drug screens, but they do not provide any details regarding a reasonable frequency of testing. ODG Guidelines do provide the necessary details and recommend testing frequency based on risk factors. This patient is documented to be low risk, for which annual testing is recommended. This request in November for a repeat test is prior to an annual re-test date. At that point in time the UDS was not medically necessary.