

Case Number:	CM15-0190476		
Date Assigned:	10/02/2015	Date of Injury:	04/25/2013
Decision Date:	11/16/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/28/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 is a 38 year old female with a date of injury of April 25, 2013. A review of the medical records indicates that the injured worker is undergoing treatment for cervicalgia, thoracic or lumbosacral neuritis or radiculitis, lumbago, and neuralgia, neuritis and radiculitis. Medical records dated June 25, 2015 indicate that the injured worker complained of pain in the neck, shoulders, hands and back, with right sided numbness and pain radiating from the neck to the ankle. A progress note dated September 10, 2015 documented complaints of constant neck pain radiating to the bilateral arms rated at a level of 7 out of 10, constant upper back pain rated at a level of 5 to 6 out of 10, constant bilateral shoulder, arm and hand pain rated at a level of 6 out of 10, and constant lower back pain rated at a level of 8 out of 10. Per the treating physician (June 25, 2015), the employee was unemployed. The physical exam dated June 25, 2015 reveals normal sitting and standing posture, normal transitions from sitting to standing, and normal mobility. The progress note dated September 10, 2015 documented a physical examination that showed muscle spasm and tenderness at the posterior cervical muscles bilaterally, bilateral thoracic paraspinal muscles, and lumbar paraspinal muscles, generalized tenderness at the bilateral anterior posterior, and lateral shoulders, bilateral forearms and bilateral anterior and posterior wrists, decreased range of motion of the cervical spine, decreased range of motion of the thoracic spine, decreased range of motion of the lumbar spine, decreased range of motion of the bilateral shoulders, decreased Rom of the bilateral elbows and wrists, intact sensation, positive shoulder depression test on the left, positive straight leg raise tests bilaterally, and positive Braggard's test on the left. Treatment has included eight sessions of hand therapy that

caused swelling of the hand and forearm, chiropractic treatment, and medications (Celebrex 100mg twice a day and Cymbalta 30mg once a day since at least February of 2015; Abilify 5mg, and Wellbutrin XL 150mg since at least June of 2015). Other medication list includes Ibuprofen and Tylenol. The original utilization review (September 22, 2015) non-certified a request for Trazodone 50mg #7 with one refill and a urine toxicology screen, and partially certified a request for Cymbalta 30mg #30 (original request for #60). The patient has had psychological testing report on 10/5/15 that revealed anxiety and depression. The patient sustained the injury due to cumulative trauma. The patient had received an unspecified number of the PT visits for this injury. The patient has had MRI of the lumbar spine on 7/14/14 that revealed disc protrusions and foraminal narrowing and EMG on 9/18/14 that revealed no lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30 mg Qty 60 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duloxetine (Cymbalta), SNRIs (serotonin noradrenaline reuptake inhibitors). Decision based on Non-MTUS Citation Thompson Micromedex FDA labeled indication for Cymbalta.

Decision rationale: Cymbalta contains Duloxetine Hydrochloride. As per cited guideline "Duloxetine (Cymbalta): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy." The patient has had diagnoses of cervicgia, thoracic or lumbosacral neuritis or radiculitis, lumbago, and neuralgia, neuritis and radiculitis. A progress note dated September 10, 2015 documented complaints of constant neck pain radiating to the bilateral arms rated at a level of 7 out of 10. The progress note dated September 10, 2015 documented a physical examination that showed a positive straight leg raise tests bilaterally, and positive Braggard's test on the left. The patient has had psychological testing report on 10/5/15 that revealed anxiety and depression. The patient has had MRI of the lumbar spine on 7/14/14 that revealed disc protrusions and foraminal narrowing. The patient has documented objective evidence of nerve related pain, as well as depression and anxiety. The medication Cymbalta is deemed medically appropriate and necessary in such a patient. Therefore, the request for Cymbalta 30 mg Qty 60 with 3 refills is medically necessary for this patient at this time.

Trazodone 50 mg Qty 7 with 1 refill: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Trazodone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: Q-- Trazodone 50 mg Qty 7 with 1 refill. Trazodone is tetra cyclic antidepressant. According to the CA MTUS chronic pain guidelines, antidepressant is "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. (Saarto-Cochrane, 2005)" The patient has had diagnoses of cervicalgia, thoracic or lumbosacral neuritis or radiculitis, lumbago, and neuralgia, neuritis and radiculitis. A progress note dated September 10, 2015 documented complaints of constant neck pain radiating to the bilateral arms rated at a level of 7 out of 10. The progress note dated September 10, 2015 documented a physical examination that showed a positive straight leg raise tests bilaterally, and positive Braggard's test on the left. The patient has had a psychological testing report on 10/5/15 that revealed anxiety and depression. The patient has documented objective evidence of nerve related pain, as well as depression and anxiety. The sedative effect of Trazodone is an additional benefit in this patient with anxiety. The request for Trazodone 50 mg Qty 7 with 1 refill is medically necessary and appropriate for this patient.

Urine toxicology screen, Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) - Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, Pain (updated 10/09/15) Urine drug testing (UDT).

Decision rationale: Q-- Urine toxicology screen, Qty 1. Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Evidence that the patient is taking potent narcotics was not specified in the records provided. A history of substance abuse was not specified in the records provided. Evidence that the patient was at a high risk of addiction or aberrant behavior was not specified in the records provided. The medical necessity of the request for Urine toxicology screen, Qty 1 is not fully established in this patient.