

Case Number:	CM15-0200133		
Date Assigned:	10/15/2015	Date of Injury:	05/05/2009
Decision Date:	12/24/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/12/2015

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: New York, California
 Certification(s)/Specialty: Emergency Medicine

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 50 year old female who sustained an industrial injury on 05-05-2009. A review of the medical records indicated that the injured worker is undergoing treatment for the right upper extremity pain and chronic low back pain. According to the treating physician's progress report on 09-14-2015, the injured worker continues to experience lower back pain radiating to the bilateral lower extremities to the toes, right greater than left and rated at 7-8 out of 10 on the pain scale and right upper extremity pain exacerbated by movement rated at 7.5 out of 10 on the pain scale. Examination of the right upper extremity demonstrated right elbow and right wrist had limited range of motion due to pain. Motor examination of the right upper extremity was limited by pain. There was tenderness about the medial and lateral epicondyle. Phalen's and Tinel's were negative bilaterally. The right wrist and hand were tender to palpation with decreased grip strength. Sensation was decreased in all 5 digits of the right hand. Deep tendon reflexes were 2+ and symmetric. There was negative pseudomotor, basomotor, allodynia and negative hyperalgesia. X-rays of the lumbar spine, right knee, right elbow, right wrist, and left shoulder and electrodiagnostic studies performed on 05-04-2015 with official reports were included in the review. Prior treatments have included diagnostic testing, 3 stellate ganglion blocks with positive diagnostic results (injured worker had side effects) and medications. Current medications were listed as Tramadol ER (at least since 03-2015), Cymbalta (since at least 03-2015) and Lidoderm patch. Treatment plan consists of orthopedic consultation for right elbow, continuing medication regimen and the current request for Tramadol ER 100mg #30, Duloxetine DR 30mg #30, urine drug screening and medication panel. On 09-29-2015 the

Utilization Review determined the requests for Tramadol ER 100mg #30, Duloxetine DR 30mg #30, urine drug screening and medication panel were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine DR 30 mg #30: Upheld

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): Antidepressants for chronic pain, SSRIs (selective serotonin reuptake inhibitors).

Decision rationale: Cymbalta is a selective serotonin reuptake inhibitory. According to the CA MTUS chronic pain guidelines, SSRIs are not recommended for treatment of chronic pain, however it may be useful in a secondary role to treat depression. Documentation does not support that the medication was being prescribed for the treatment of depression. The IW has been taking this medication for a minimum of 6 months. The documentation does not support improvement in the IW symptoms, functional improvement or decrease reliance on other medication with the use of this medication. Furthermore, the medication was prescribed by a chronic pain provider and not a mental health provider. The request does not include the frequency and dosing of this medication. The request is not medically necessary.

Tramadol ER 100 mg #30: Upheld

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): Opioids for neuropathic pain.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of opiate pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. Tramadol is recommended for the treatment of moderate to severe pain. It is not recommended as a first line agent for treatment. The chart materials do not include a list of all the analgesic medications currently used or the IW response to each medication. There is not discussion of the IW functional status in relation to the different medications. The IW has been prescribed this medication for a minimum of 6 months. The documentation does not support improvement of decrease reliance on other medications with its use. With the absence of this supporting documentation, the request for Tramadol is not medically necessary.

Urine drug screen: Upheld

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): Opioids, long-term assessment, Opioids, indicators for addiction, Opioids, screening for risk of addiction (tests).

Decision rationale: Ca MTUS recommends drug testing as an option to "assess for the use or the presence of illegal drugs." Additional recommendations random drug testing, not at office visits. There is no discussion in the records of previous drug screens. In addition, the request for a UA drug screen does not specify what specifically is being tested. The specific content of the test should be listed, as many drug tests do not assay the correct drugs. The urine drug screen is not medically necessary based on lack of a clear collection and testing protocol, lack of details regarding the testing content and protocol, and lack of a current opioid therapy program which is in accordance with the MTUS. The request for a urine drug screen is determined not medically necessary.

Med panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov/medlineplus/ency/article/003423.htm.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The request to Independent Medical Review is for a test or treatment which was not adequately defined. The treating physician did not supply sufficient information regarding the nature of the request and its indications. The request is therefore not medically necessary based on the lack of sufficient indications and details of the request provided by the treating physician.

Decision rationale: The request is for laboratory testing. The request, however, does not include what laboratory tests specifically are being requested or why laboratory testing is being requested. The request to Independent Medical Review is for a test or treatment which was not adequately defined. The treating physician did not supply sufficient information regarding the nature of the request and its indications. The request is therefore not medically necessary based on the lack of sufficient indications and details of the request provided by the treating physician.