

Case Number:	CM15-0208192		
Date Assigned:	10/27/2015	Date of Injury:	03/10/2012
Decision Date:	12/11/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/22/2015

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 68 year old male who sustained an industrial injury on 3-10-2012. A review of medical records indicates the injured worker is being treated for cervical strain superimposed on preexisting degenerative disc disease cervical spine, insomnia, and depression. Medical records dated 8-25-2015 noted persistent neck symptoms including posterior cervical pain and intermittent paresthesias in both hands. Pain scale was unavailable. Symptoms are aggravated with cervical rotation primarily to the left as well as with cervical extension. Physical examination noted left sided cervical tenderness on firm palpation and moderate pain with extremes of active cervical extension or with rotation to the left. Deep tendon reflexes in the upper extremities were unobtainable bilaterally. Treatment has included Ultram ER, Cymbalta, and Zanaflex. Utilization review form dated 9-30-2015 noncertified Cymbalta 30mg #60, Zanaflex 2mg #30, and tramadol HCL ER 100mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg, #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, SNRIs (serotonin noradrenaline reuptake inhibitors).

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

Decision rationale: The injured worker sustained a work related injury on 3-10-2012. The medical records provided indicate the diagnosis of cervical strain superimposed on preexisting degenerative disc disease cervical spine, insomnia, and depression. Treatments have included Ultram ER, Cymbalta, and Zanaflex. The medical records provided for review do not indicate a medical necessity for Cymbalta 30mg, #60 with 1 refill. Duloxetine (Cymbalta) is an antidepressant. The MTUS recommends the use of antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. The medical records indicate the injured worker has been taking this medication at least since 02/2015 without documented evidence of improvement. Therefore the request is not medically necessary.

Zanaflex 2mg, #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

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

Decision rationale: The injured worker sustained a work related injury on 3-10-2012. The medical records provided indicate the diagnosis of cervical strain superimposed on preexisting degenerative disc disease cervical spine, insomnia, and depression. Treatments have included Ultram ER, Cymbalta, and Zanaflex. The medical records provided for review do not indicate a medical necessity for Zanaflex 2mg, #30 with 1 refill. Tizanidine, Zanaflex is a muscle relaxant. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. The medical records indicate the injured worker has been using this medication at least since 02/2015, but with no documented evidence of improvement. Also, the medical records do not indicate the injured worker is being treated for acute exacerbation of chronic back pain. Therefore the request is not medically necessary.

Tramadol HCL ER 100mg, #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, criteria for use, Opioids for osteoarthritis.

Decision rationale: The injured worker sustained a work related injury on 3-10-2012. The medical records provided indicate the diagnosis of cervical strain superimposed on preexisting degenerative disc disease cervical spine, insomnia, and depression. Treatments have included Ultram ER, Cymbalta, and Zanaflex. The medical records provided for review do not indicate a medical necessity for Tramadol HCL ER 100mg, #30 with 1 refill. Tramadol (Ultram; Ultram ER) is a synthetic opioid. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been using this medication since at least 07/2014, but with no documented evidence of overall improvement; neither is there evidence the injured worker is properly monitored. The request is not medically necessary.