

Case Number:	CM15-0052704		
Date Assigned:	03/26/2015	Date of Injury:	03/18/2013
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/19/2015

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, West Virginia, Pennsylvania
 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 61 year old female with an industrial injury dated 03/18/2013. Her diagnosis/impression includes right shoulder injury status post rotator cuff repair, right wrist injury and cervical and lumbar injuries. Prior treatments include physical therapy, home exercises and medications. She presents on 03/04/2015 with complaints of back pain with pain in right and left leg. She also complains of cervical pain and left forearm pain. Physical exam revealed pain to palpation over the cervical and lumbar spine. The provider documents the injured worker notes substantial benefit of the medications without evidence of drugs abuse or diversion. The provider documents no side effects with most recent urine drug screen dated 01/15/2015 being within normal limits. Authorization for Butrans, Cymbalta and Tramadol was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

Decision rationale: Guidelines recommend antidepressants as first line option for neuropathic pain. In this case, the prescribing provider no longer wishes to prescribe this medication for the patient as the patient did not get significant analgesic benefit nor mood elevation from Cymbalta. The request for Cymbalta 60 mg #30 with 3 refills is not medically appropriate and necessary.

Tramadol 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 93-94.

Decision rationale: Guidelines recommend tramadol for treatment of moderate to severe pain, but may produce life threatening serotonin syndrome when used concomitantly with antidepressants such as SSRIs, SNRIs, TCAs, and MAOIs. In this case, the patient was prescribed an antidepressant. The request for tramadol 50 mg #90 is not medically appropriate and necessary.

Butrans 20mcg/hr #4 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Buprenorphine.

Decision rationale: Guidelines state that butrans is a long acting opioid which may be appropriate in specific circumstances including neuropathic pain and in chronic pain patients who have been detoxed. In this case, the prescribing provider does not wish to continue this medication as the patient's neuropathic, nociceptive and inflammatory pain is well controlled on methadone and nortryptiline. The request for Butrans 20 mcg/hr #4 with 3 refills is not medically necessary and appropriate.