

Case Number:	CM15-0054955		
Date Assigned:	04/13/2015	Date of Injury:	11/04/2011
Decision Date:	05/08/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/23/2015

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: California

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 60-year-old female, who sustained an industrial injury on 11/4/01. The diagnoses have included cervical spine strain/sprain, cervical stenosis, cervical radiculitis and degenerative disc disease (DDD). Treatment to date has included medications, epidural steroid injection (ESI), acupuncture, heat/ice, physical therapy, Transcutaneous electrical nerve stimulation (TENS) and cervical traction. The Magnetic Resonance Imaging (MRI) of the cervical spine was done on 1/30/14. The (NCV) Nerve Conduction Velocity studies and (EMG) electromyography was done on 1/29/14. The current medications included Cymbalta, Gabapentin, Ultracet, Omeprazole, Xanax and Pepcid. Currently, as per the physician progress note dated 2/17/15, the injured worker complains of increased neck pain that goes into the back of the head with dizziness for 1 week. She states that she had 8 weeks of pain relief with the use of epidural steroid injection (ESI) and now she also complains of left arm pain. The neck pain was rated 8/10 on pain scale and has increased with spasms and tightness. The left shoulder pain has decreased to 6/10 and described as aching, sharp with spasm. The pain in the left elbow was unchanged and rated 7/10 and described as sharp, shooting, tingling and weak. She reports decreased pain in the left wrist and pain that was unchanged in the stomach, rated 6/10, and described as aching pain from the use of the anti-inflammatory medications. Physical exam revealed cervical spine tenderness with spasm and pain and decreased range of motion. There was no previous urine drug screen noted. Work status was temporary partially disabled. The physician requested treatments included Cymbalta 30MG #60 x 3 refills and Retrospective request for Urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #60 x 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 14, 105.

Decision rationale: Recommended, as an option in depressed patients for non-neuropathic pain, but effectiveness is limited. The medical record fails to document depression secondary to chronic pain; the patient does have radicular pain. Original reviewer modified the medication request to exclude any refills. Cymbalta 30mg #60 x 3 refills is not medically necessary.

Retrospective request for Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 43.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. Patient had a urine drug screen performed in October of 2014 and was found to be compliant. Retrospective request for Urine drug screen is not medically necessary.