

Case Number:	CM14-0127536		
Date Assigned:	08/15/2014	Date of Injury:	01/28/2013
Decision Date:	10/23/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/12/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of January 28, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; psychotropic medications; epidural steroid injection therapy; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and a functional restoration program. In a Utilization Review Report dated August 4, 2014, the claims administrator failed to approve a request for Cymbalta and oxycodone. The applicant's attorney subsequently appealed. In a May 13, 2014 medical-legal evaluation, the applicant presented with persistent complaints of neck pain radiating to the left arm, 7-8/10, exacerbated by activities such as sitting, standing, bending, and walking. The applicant had reportedly gained 10 pounds since the date of injury, it was stated. The applicant was using Tylenol, Flexeril, Cymbalta, and oxycodone, it was stated. The applicant was receiving State Disability Insurance (SDI) benefits, it was noted, and was considering filing for Social Security Disability Insurance (SSDI). The medical-legal evaluator stated that the applicant was using Cymbalta for neuropathic pain, anxiety, depression, and radicular pain. The medical-legal evaluator suggested that denials for Cymbalta were reducing the applicant's benefit from the functional restoration program. The medical-legal evaluator did state that some of the applicant's issues, including anxiety, depression, and/or neuropathy, had been deemed non-industrial. In an applicant questionnaire, seemingly dated May 24, 2014, the applicant stated that her depressive symptoms were worsened without Cymbalta and further stated that she believed that Cymbalta was ameliorating her pain to some extent. Neither the medical-legal evaluator nor the applicant outlined how (or if) oxycodone usage had proven beneficial here.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13, 15, 78.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, antidepressants such as Cymbalta "may be helpful" to alleviate symptoms of depression. In this case, the applicant had seemingly posited that previous usage of Cymbalta did attenuate symptoms of depression and ameliorate her mood and ability to concentrate. Both the applicant and the applicant's medical-legal evaluator suggested on May 15, 2014, furthermore, that Cymbalta was also producing some ancillary benefits in terms of reducing some of the applicant's neuropathic pain complaints/radicular pain complaints. Continuing/reintroducing the same, thus, is indicated. Therefore, the request is medically necessary.

Oxycodone 5mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant is receiving State Disability Insurance (SDI), it has been suggested, and is reportedly in the process of applying for Social Security Disability Insurance (SSDI). Neither the attending provider nor the medical-legal evaluator have outlined any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing oxycodone usage. Therefore, the request is not medically necessary.