

Case Number:	CM14-0142846		
Date Assigned:	09/10/2014	Date of Injury:	10/20/2011
Decision Date:	10/14/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/03/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Rehabilitation. 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 injured worker is a 54-year-old female who reported an injury on 10/20/2011 due to an unknown mechanism. Diagnoses were chronic pain syndrome, sacroiliitis, chronic; spondylosis, cervical without myelopathy, chronic; radiculopathy, cervical, low back pain, chronic; COAT, chronic; adjustment disorder with mixed anxiety and depressed mood, chronic; degenerative disc disease, lumbar, chronic; spinal fusion; chronic depression; radiculopathy, cervical, chronic; alcohol dependence with continuous drinking behavior; pain in thoracic pain; muscle spasms; thoracic sprain. Past treatments were medications, physical therapy, ice, massage. Diagnostic studies included an MRI of the cervical spine. Surgical history included cervical spine arthrodesis for spondylolisthesis in 03/2014. Physical examination on 08/07/2014 revealed complaints of moderate to severe back pain. The location of the pain was in the middle of the back, lower back, and neck. The injured worker stated the pain was a 7/10 without medications. With medications, it was a 3/10. It was reported that the injured worker was able to simple chores around the house due to her pain medications. The injured worker reported that Cymbalta gets her blood pressure high. Dietary habits including salt intake, caffeine intake, and alcohol intake were discussed. The injured worker was encouraged to lose weight and get some exercise. The injured worker admitted to drinking as much as bottle of wine per night. She is a high risk opiate candidate and should be tapered off her opiates as soon as possible. It was also reported, due to her depression, which seemed to have responded to Cymbalta 40 mg/day, the providers were hesitant to decrease or stop it at this time. It was also reported that, due to ongoing drinking behavior and Cymbalta use, the providers needed to make sure that there was no contraindication to ongoing medicine prescribing. A full chemistry panel, a CBC, and a urine drug screen were all in order. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chem 19 qty 1: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The decision for Chem 19 qty is medically necessary. A comprehensive metabolic panel (CMP) is used as a broad based screening tool to evaluate organ function and check for conditions such as diabetes, liver disease, and kidney disease. The CMP may also be ordered to monitor known conditions such as a hypertension, and to monitor people taking specific medications for any kidney or liver related side effects. If a doctor is interested in following 2 or more individual CMP components, the doctor may order the entire CMP because it offers more information. The injured worker is taking Cymbalta and drinking a bottle wine daily. When taking this medication, the patient is to be advised to avoid alcoholic beverage. It also reports that duloxetine may affect blood sugar levels. Some of the side effects of taking Cymbalta are dark urine, itching, hives or welts, unpleasant breath odor, skin rash. Those are just a few of the side effects. The injured worker has not reported any side effects, but due to the fact of drinking 1 bottle of wine daily, combined with her medications, this request is medically necessary.

CBC: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specialty Drugs Page(s): page 21. Decision based on Non-MTUS Citation LABS per labtestsonline.org

Decision rationale: As per Labstestonline.org, a CBC is a complete blood count (CBC) and often used as a broad screening test to determine an individual's general health status. The California Medical Treatment Utilization Schedule Guidelines that pretreatment CBC should be obtained form onitoring purposes (other monitoring parameters include CBC with platelet count, reticulocytes, serum iron, lipid panel, liver function test, urinalysis, BUN, serum carbamazepine levels, thyroid function test, serum sodium.) The medical guidelines support the use of CBC testing. Therefore, this request for CBC is medically necessary.

Cymbalta 20MG 2 Capsules #60 w/ 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta (Duloxetine); Anti-Depressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, Duloxetine, Page(s): 13, page 43.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment of the changes in the use of other analgesic medications, sleep quality and duration, and psychological assessments. The medical guidelines also state that duloxetine (Cymbalta) is recommended as an option in first line treatment for neuropathic pain. It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, with effect found to be significant by the end of week 1. The provider did note that the injured worker had decreased depression with Cymbalta. The provider reported the 4 A's of assessment for ongoing management of opioid medications. Pain score without medication and with medication was reported. Activities of daily living were reported. No side effects from the medication were reported. The provider did note a hesitancy to decrease or stop the Cymbalta. Therefore, this request is medically necessary.

Urine Drug Screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management, Page(s): page 78,79.

Decision rationale: The decision for Urine Drug Screen is medically necessary. The California Medical Treatment Utilization Schedule indicates that the use of urine drug screening is for patients with documented issues of abuse, addiction, or poor pain control. It was reported by the provider that the injured worker has potential for drug abuse. It was also reported that the injured worker was drinking a bottle of wine daily. Therefore, the request for Urine Drug Screen is medically necessary.