

Case Number:	CM14-0144940		
Date Assigned:	09/12/2014	Date of Injury:	04/20/2012
Decision Date:	10/15/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/08/2014

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 and Rehabilitation 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 injured worker is a 38-year-old male who reported an injury on 04/20/2012. The mechanism of injury was not submitted for review. The injured worker has diagnoses of closed intra-articular left distal radial fracture and rupture of extensor longus tendon, reflex sympathetic dystrophy, reactive depression secondary to who reported an injury on, insomnia secondary to pain, and pain. Past medical treatment consists of surgery, occupational therapy, physical therapy, and medication therapy. Medications include Cymbalta and tramadol. On 04/27/2012, the injured worker underwent open reduction and internal fixation of the left radius. On 06/19/2014, the injured worker complained of left wrist pain. Physical examination revealed that the injured worker held his left arm in a brace. There was no discoloration of his hand. Submitted documentation lacked any indication of range of motion, motor strength, or sensory deficits. Medical treatment plan is for the injured worker to continue the use of medication. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg 1 p.o. daily #90 with no Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43.

Decision rationale: The request for Cymbalta is not medically necessary. The California MTUS Guidelines recommend Cymbalta as an option in first line treatment of neuropathic pain. The assessment of treatment efficacy should include not only pain outcomes, but also any evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The submitted documentation lacked any evidence of an objective assessment of the injured worker's pain level. Furthermore, there was a lack of documented evidence of the efficacy of the injured worker's medications. Additionally, the provider did not provide a rationale for the continuation of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for Cymbalta is not medically necessary.

Tramadol 50mg 1-2 p.o. q6 hours p.r.n. for pain #120 with 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing Management Page(s): 82, 93, 94, 113, 78.

Decision rationale: The request for Tramadol 50 mg is not medically necessary. California MTUS states opioid drugs, such as tramadol, are reported to be effecting in managing neuropathic pain and are not recommended as a first line oral analgesic. California MTUS recommend that there should be documentation of the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. There should also be documentation of an assessment, to include what pain levels were before, during, and after medication administration. The submitted documentation did not indicate what the pain levels were before, during, and after the injured worker took the Tramadol. Additionally, there were no drug screens or urinalysis submitted for review showing that the injured worker was in compliance with the medications. Furthermore, the submitted documentation lacked any evidence of the efficacy of the medication or whether the tramadol was helping with any functional deficits the injured worker might have had. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for Tramadol is not medically necessary.