

Case Number:	CM14-0164204		
Date Assigned:	10/09/2014	Date of Injury:	05/14/2007
Decision Date:	11/04/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/06/2014

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, has a subspecialty in Interventional Spine 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 patient is a 50-year old female with date of injury 5/14/07. The treating physician reports dated 7/30/14 and 9/10/14 indicates that the patient presents with pain affecting the cervical and lumbar spine with pain levels noted as 8/10. The physical examination findings reveal no tenderness of the cervical and lumbar spine, moderately decreased ROM of the cervical and lumbar spine, negative SLR and healed lower anterior left of midline surgical scar. Prior treatment history reveals C5/6 discectomy with fusion surgery 4/09. The current diagnoses are: 1.Cervicalgia2.Lumbago3.Displacement of cervical IVD4.Chronic pain syndromethe utilization review report dated 9/25/14 denied the request for Cymbalta 20mg #60 and Toradol 60mg IM injection based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 20mg capsule #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs): Duloxetine (Cymbalta) MTUS.

Decision rationale: The patient presents with chronic lower back pain and neck pain status post cervical fusion. The current request is for Cymbalta 20mg capsule #60. In reviewing the treating physician reports provided there does not appear to be any previous requests or prescriptions provided for Cymbalta. The MTUS guidelines support the usage of Cymbalta for anxiety, depression, diabetic neuropathy, and fibromyalgia. In this case the treating physician has documented that the patient has chronic myofascial pain post surgically and has recommended a trial of Cymbalta which is supported by MTUS. Therefore, Cymbalta 20mg capsule #60 is medically necessary.

Toradol 60mg IM injection: Upheld

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 Guidelines MTUS Ketorolac (Toradol) Page(s): 72.

Decision rationale: The patient presents with chronic lower back pain and neck pain status post cervical fusion. The current request is for Toradol 60mg IM injection. The treating physician report dated 9/10/14 states, "Medication: A Toradol injection was given to Upper Outer Quadrant L buttock 60mg IM given to Pt." There is no discussion regarding why IM NSAIDS were required and there is no discussion stating that oral NSAIDS are contraindicated for this patient. The MTUS guidelines state for Ketorolac (Toradol), "This medication is not indicated for minor or chronic painful conditions." The current documentation provided by the treating physician indicates that the patient has chronic pain and there is no documentation of a moderate to severe acute flare-up that might require a Toradol injection. Therefore, Toradol 60mg IM injection is not medically necessary.