

Case Number:	CM14-0214819		
Date Assigned:	01/07/2015	Date of Injury:	10/15/1990
Decision Date:	06/11/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: Family Practice

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 58-year-old female, who sustained an industrial injury on 10/15/90. She reported low back pain. The injured worker was diagnosed as having failed back syndrome. Treatment to date has included 3 lumbar spine surgeries and medications. A physician's report dated 5/2/14 noted pain was rated as 8/10 with medications including Oxycodone 30mg and Fentanyl 25mcg. A physician's report dated 7/25/14 noted pain was rated as 7/10 with medication. A physician's report dated 11/6/14 noted pain was rated as 6/10. Currently, the injured worker complains of low back pain. The treating physician requested authorization for Oxycodone 30mg #120 and Cymbalta 30mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-Term Use of Opiates.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-82.

Decision rationale: According to guidelines it states opioids should be used and continued if there is documented benefit and improvement of pain , increased level of function, or improved quality of life. According to the patient's medical records, there is no documented functional improvement with the use of opioids. Therefore, the request is not medically necessary.

Cymbalta 30mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SNRI
Page(s): 15.

Decision rationale: Cymbalta according to guidelines is approved for anxiety, depression, diabetic neuropathy and fibromyalgia. More studies are needed to determine the efficacy for other types of neuropathic pain. According to the patient's medical records, Cymbalta is used for neuropathic pain. Therefore, the request is not medically necessary.