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| Case Number: | CM14-0215738 | | |
| Date Assigned: | 01/05/2015 | Date of Injury: | 05/09/2002 |
| Decision Date: | 02/20/2015 | UR Denial Date: | 12/11/2014 |
| Priority: | Standard | Application Received: | 12/23/2014 |

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 60 year old male with date of injury 5/9/02. The mechanism of injury is not stated in the available medical records. The patient has complained of right groin pain and low back pain since the date of injury. He has been treated with right inguinal hernia repair, physical therapy and medications. There are no radiographic reports included for review. Objective: tenderness of the right groin with palpation. Diagnoses: failed hernia syndrome, chronic pain syndrome. Treatment plan and request: Urine drug screen, Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; steps to avoid misuse. Page(s): 89,94.

Decision rationale: This 60 year old male has complained of right groin pain and low back pain since date of injury 5/9/02. He has been treated with right inguinal hernia repair, physical therapy and medications to include opioids since at least 12/2013. The current request is for a urine drug screen. No treating physician reports adequately address the specific indications for urinalysis toxicology screening. There is no documentation in the available provider medical records supporting the request for this test. Per the MTUS guidelines cited above, urine toxicology screens may be required to determine misuse of medication, in particular opioids. There is no discussion in the available medical records regarding concern for misuse of medications. On the basis of the above cited MTUS guidelines and the available medical records, the requested Urine Drug Screen is not medically necessary.

Cymbalta 30mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 43-44.

Decision rationale: This 60 year old male has complained of right groin pain and low back pain since date of injury 5/9/02. He has been treated with right inguinal hernia repair, physical therapy and medications to include Cymbalta since at least 12/2013. The current request is for Cymbalta. Per the MTUS guidelines cited above, Cymbalta (Duloxetine) is indicated as a first line treatment for depression, anxiety and the treatment of pain related to diabetic neuropathy. There is no documentation in the available provider records supporting any of these diagnoses. Per the MTUS guidelines and available provider documentation, the requested Cymbalta is not medically necessary.