

Case Number:	CM14-0092411		
Date Assigned:	07/25/2014	Date of Injury:	05/21/2000
Decision Date:	06/09/2015	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/18/2014

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: Texas, 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:

This is a 43-year-old male patient who sustained an industrial injury on 5/21/2000. Diagnoses include lumbar radiculopathy, low back pain, and lumbago. He sustained the injury due to slipped and fall on wet surface. Per the doctor's note dated 4/8/2015, he had complaints of back pain, pain in all toes and bottom of feet and occasional numbness in the legs. The physical examination revealed cervical spine-guarded and painful range of motion, intermittent numbness in 3rd and 4th digits; lumbar spine-tenderness, limited range of motion and positive straight leg raising test bilaterally. The medications list includes hydrocodone-acetaminophen, cymbalta and levothyroxine. He has had cervical MRI on 4/4/14 and a thoracic spine MRI on 10/29/2013. He has undergone lumbar fusion surgery on 8/15/2012. He has had physical therapy, acupuncture, chiropractic and epidural steroid injections for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Consultation With A Pain Medicine Specialist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, pg 56.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: MTUS guidelines: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127. Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Per the records provided patient had chronic back pain with radicular symptoms. He has tried conservative therapy including physical therapy, acupuncture and chiropractic care and surgical intervention including lumbar spine surgery. The pain medicine specialist consultation is medically appropriate and necessary to manage patient's chronic pain. The request for one consultation with a pain medicine specialist is medically necessary for this patient.

1 Prescription Of Cymbalta 60mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs): Duloxetine (Cymbalta) Page(s): 15.

Decision rationale: Cymbalta contains duloxetine, which is Selective serotonin, and norepinephrine reuptake inhibitors (SNRIs). Per the Chronic Pain Medical Treatment Guidelines MTUS, duloxetine is "FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia, used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy." Per the records provided patient had chronic low back pain with radiculopathy symptoms. SNRIs like cymbalta are a first line option for patients with chronic pain with radiculopathy. The request for one prescription of Cymbalta 60mg is medically necessary for this patient.