

Case Number:	CM15-0018854		
Date Assigned:	02/06/2015	Date of Injury:	05/21/2000
Decision Date:	03/31/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/02/2015

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: Physical Medicine & Rehabilitation

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 44-year-old male who reported an injury on 05/21/2000. The mechanism of injury was the injured worker slipped on a wet surface and fell on his back. The injured worker was noted to undergo physical therapy, acupuncture, epidural steroid injection, chiropractic manipulation, and pain medications. There was a Request for Authorization submitted for review dated 12/08/2014. The documentation of 12/08/2014 revealed the injured worker had low back pain with cramps and sharp pain in all the toes and bottom of the feet. The injured worker had occasional numbness in the legs, but not constant. The injured worker had low back pain and spasms that were somewhat improved with trigger point injections, however, continued to have radiating pain, more on the right buttock than the left. The injured worker indicated that pain had decreased by 50% with medication change to Cymbalta; however, he was still dealing with insomnia. The injured worker indicated sleep remained difficult and the injured worker had nightmares. The injured worker's medications included hydrocodone/acetaminophen as needed for pain and Cymbalta 60 mg daily. The physical examination revealed tenderness over the gluteus muscles bilaterally and over the piriformis muscles bilaterally. The injured worker had 4/5 strength in the ankle dorsiflexor on the left and EHL on the left. The diagnoses included lumbar radiculopathy, lumbago, neuralgia, neuritis, and radiculitis not otherwise specified, and adjustment disorder unspecified. The treatment included continuation of Cymbalta 60 mg daily, consider return to physical therapy if home exercise plan aggravated symptoms, and EMG/NCS studies. Additionally, the request was made for a toxicology screen. The point of care testing was noted to be negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain. They are recommended especially if pain is accompanied by anxiety, insomnia, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other medications, sleep quality and duration, and psychological assessments. The clinical documentation submitted for review indicated the injured worker had an objective decrease in pain of 50% and was having insomnia. There was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 2 refills without re-evaluation. Given the above, the request for Cymbalta 30 mg #60 with 2 refills is not medically necessary.

1 Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend urine drug screens for patients who have documented issues of addiction, abuse, or poor pain control. The clinical documentation submitted for review failed to indicate the injured worker had documented issues of addiction, abuse, or poor pain control. Given the above, the request for 1 urine drug screen is not medically necessary.