

Case Number:	CM15-0079719		
Date Assigned:	04/30/2015	Date of Injury:	01/19/2012
Decision Date:	06/02/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/27/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 46 year old female, who sustained an industrial injury on January 19, 2012. She has reported back pain and leg pain. Diagnoses have included lumbar spinal cord injury, lumbar spine burst fracture, neurogenic bowel, neurogenic bladder, chronic right S1 radiculopathy, and right ischial gluteal bursitis. Treatment to date has included medications, functional restoration program, and lumbar spine fusion. A progress note dated March 23, 2015 indicates a chief complaint of numbness and tingling radiating from the back around under the ribcage to the stomach, and extending through the lower abdomen, flank, and anterior thigh with some slight symptoms down into the right leg. The treating physician documented a plan of care that included a magnetic resonance imaging and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Guidelines note that antidepressants are recommended for chronic pain as a first line option for neuropathic pain. In this case, the patient complains of numbness and tingling from the back radiating all the way around under the ribcage to the stomach and down the flank and anterior thigh. Documentation does not contain evidence of functional improvement with prior use of Pamelor, also an antidepressant. The request for Cymbalta unspecified dose and quantity is not medically appropriate and necessary.