

Case Number:	CM15-0079924		
Date Assigned:	04/30/2015	Date of Injury:	11/05/2008
Decision Date:	06/08/2015	UR Denial Date:	04/10/2015
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

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 male, who sustained an industrial injury on 11/05/2008. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, electro diagnostic testing, and CT scans. Currently, the injured worker complains of increased thoracic pain, increased pressure on the chest resulting in difficulty breathing, and constipation. The injured worker also reported difficulty sleeping when taking tramadol. The injured worker was waiting approval for thoracic and cervical surgery, and arthroplasty. The diagnoses include thoracic compression fractures, closed head injury resulting in depression, cervical degenerative disc disease, lumbar L4 and L5 annular tear herniation, and chronic pain syndrome. The request for authorization included duloxetine with one refill and tramadol with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of duloxetine 30mg #30 with one (1) refill: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Duloxetine FDA approved package insert.

Decision rationale: The patient is a 46 year old male with an injury on 11/05/2008. He has degenerative cervical spine and lumbar spine disease. He also has a closed head injury resulting in depression. Duloxetine is FDA approved treatment for depression and is medically necessary for this patient.

Tramadol 50mg #45 with three (3) refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

Decision rationale: The patient is a 46 year old male with an injury on 11/05/2008. He has degenerative cervical spine and lumbar spine disease. He also has a closed head injury resulting in depression. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria and is not medically necessary.