

Case Number:	CM15-0099648		
Date Assigned:	06/02/2015	Date of Injury:	01/28/2013
Decision Date:	07/08/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/22/2015

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: Pennsylvania, Ohio, 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 55 year old female, who sustained an industrial injury on 1/28/2013. The current diagnoses are cervical post-laminectomy syndrome, low back pain, chronic pain syndrome, and radicular pain. According to the progress report dated 4/23/2015, the injured worker complains of widespread pain including neck pain, low back pain, and pain involving the left side of her body. She reports sharp, tingling, and burning pain that extends from lower back through groin and into toes. She also has this in the upper extremity. She notes hypersensitivity and swelling and is unable to tolerate tight clothing or shoes. The level of pain is not rated. Additionally, she continues to struggle with insomnia and moodiness that are impeding her ability to cope and actively self-manage. The current medications are Carisoprodol, Duloxetine, Fluticasone, Hydrocodone, and Rabeprazole. Treatment to date has included medication management, physical therapy, home exercise program, acupuncture, functional restoration program, and surgical intervention. The plan of care includes prescriptions for Duloxetine (Cymbalta) and Hydrocodone/APAP (Norco).

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine DR (Cymbalta) 30 mg #60 1 refill: Overturned

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 SNRI Antidepressants/Cymbalta Page(s): 15-16.

Decision rationale: MTUS supports Cymbalta as first-line treatment for a variety of pain etiologies applicable in this case. A prior physician review concurred that Cymbalta is indicated in this case but recommended non-certification due to the request for 1 refill. It is reasonable to approve 1 refill with the understanding that the patient would assess response to the medication and discuss this with her treating physician if the first prescription runs out while awaiting a follow-up appointment. This request is particularly supported in this time given the concurrent opioid taper which has been recommended. For these reasons this request is medically necessary.

Hydrocodone/APAP (Norco) #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15-16, 75, 78.

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

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.