

Case Number:	CM13-0025370		
Date Assigned:	11/20/2013	Date of Injury:	12/20/2012
Decision Date:	02/07/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 30-year-old female who reported a work related injury on 05/03/2012 while working as a laborer in the field. The patient has been treated conservatively for over one year with physical therapy, medications, and acupuncture. The patient has made references of chronic pain in her low back radiating into the lower extremity. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 08/03/2012 revealed a mild left paracentral broad based L5-S1 protrusion which minimally effaced the thecal sac. Her diagnoses include lumbosacral spine sprain/strain, subacute back pain, lumbar disc displacement, sciatica, L5-S1 herniated nucleus pulposus on left side, cervical spine sprain/strain, and thoracic sprain/strain. The request has been made for Cymbalta 20 mg every day #30, additional four to six physical therapy visits for low back, and a TENS unit (2 lead); supplies and batteries, purchase, for low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 20mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) Page(s): 15-16.

Decision rationale: California Chronic Pain Medical Treatment Guidelines indicate that Cymbalta is food and drug administration approved for anxiety, depression, diabetic neuropathy and fibromyalgia. Duloxetine or Cymbalta is recommended as a first line option for diabetic neuropathy and there is no high quality evidence to support the use of Duloxetine for lumbar radiculopathy. Guidelines further state that more studies are needed to determine the efficacy of Duloxetine for other types of neuropathic pain. Per the clinical documentation submitted for review, the patient was not noted to have objective or subjective findings of diabetic neuropathy. Recent clinical documentation stated the patient complained of low back pain; however, there was no clinical documentation stating the patient has neuropathic pain. As such, the decision for Cymbalta 20 mg every day #30 is non-certified.

Additional physical therapy four to six weeks for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Recent clinical documentation stated the patient had been treated conservatively for over one year with physical therapy, medications, and acupuncture. The physical therapy note dated 05/01/2013 stated the patient was independent with a home exercise program. She had also increased her range of motion by 50% and decreased her pain by 50%. It was unclear per the submitted documentation how many physical therapy sessions the patient has had to this date. California Chronic Pain Medical Treatment Guidelines recommend nine to ten physical therapy visits over eight weeks for myalgia and myositis. There was no evidence given the patient would not be able to address her remaining deficits and her home exercise program versus formal physical therapy visits. As such, the decision for physical therapy: additional four to six visits for the low back is non-certified.

TENS Unit -2 Lead: Supplies and batteries Purchase for Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-117.

Decision rationale: Per the clinical documentation submitted for review, the patient was noted to have functional improvement with reduction of pain issues while using the TENS unit in a prior trial. The use of the patient's TENS was demonstrated to be part of a self-directed home exercise program. California Chronic Pain Medical Treatment Guidelines indicate a one month trial period of a TENS unit should be documented with documentation of pain relief and function. It was noted that the patient was previously certified the purchase of a TENS unit on 02/21/2013 and she has been documented to have obtained relief from the use of her TENS unit. There was no rationale given for the medical necessity for the purchase of a second TENS unit

for the patient. Therefore, the decision for TENS unit (2 lead): supplies and batteries, purchase, for low back is non-certified.