

<b>Case Number:</b>	CM13-0048399		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/29/2012
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 Occupational Medicine and is licensed to practice in California. 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 applicant is represented [REDACTED] employee who has filed a claim chronic pain syndrome, chronic shoulder pain, chronic neck pain, and brachial plexitis reportedly associated with an industrial injury of June 30, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; an MRI imaging of the injured shoulder of March 28, 2013, notable for postsurgical findings associated with a repair of rotator tear; prior shoulder surgery; shoulder corticosteroid injection; psychotropic medications; and extensive periods of time off of work, on total temporary disability. In a utilization review report of October 25, 2013, the claims administrator denied a request for functional restoration program and evaluation, a functional capacity evaluation, Cymbalta, and Voltaren gel. In the clinical progress note of December 16, 2013, the applicant presents with neck pain, shoulder pain, and wrist pain radiating down the left arm, 6/10 pain. The applicant does report altered mood, diminished ability to concentrate, altered sleep and diminished enjoyment of life. The claimant is on Terocin, Voltaren, Protonix, Cymbalta, Flector, Neurontin, metformin, Pamelor, Norvasc, hydrochlorothiazide, Atarax, and Zestril. The applicant is diabetic and hypertensive. Diminished left upper extremity strength is noted while Cymbalta, Neurontin, and Protonix are renewed. It is stated that the Cymbalta is improving the applicant's sleep and mood. A functional restoration program evaluation and TENS unit are sought, while the applicant remains off of work, on total temporary disability. In an earlier note of November 25, 2013, it is again stated that the applicant is suffering from issues with neuropathic pain, anxiety, depression, and insomnia. An earlier note of November 11, 2013 is notable for comments that the goals of the proposed functional restoration program are to diminish the applicant's medication consumption.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Functional Restoration Program Evaluation: 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 Page(s): 6.

**Decision rationale:** As noted on page 6 of the MTUS Chronic Pain Medical Treatment Guidelines, if an applicant is prepared to make the effort, an evaluation for admission into a functional restoration program should be considered. In this case, it does appear that the applicant has tried, failed, and exhausted multiple lower levels of care, including time, medications, physical therapy, shoulder surgery, psychotropic medications, etc., an evaluation to determine the applicant's suitability for functional restoration program is therefore indicated. Accordingly, the original utilization review decision is overturned. The request is certified, on independent medical review.

### **Functional Capacity Evaluation: 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 Page(s): 125. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd Ed., Independent Medical Examinations and Consultations Chapter, pg. 137-138

**Decision rationale:** As noted on page 125 of the MTUS Chronic Pain Medical Treatment Guidelines, FCEs can be sought as precursor to enrolment in a work hardening or work conditioning program. In this case, however, there is no indication that the applicant is intent on pursuing a work hardening or work conditioning program. It appears that the applicant, rather, is seemingly intent on pursuing a functional restoration program. No clear rationale for the FCE has been proffered by the attending provider. It further noted that the chapter 7 ACOEM Guidelines note that FCEs are widely used, overly promoted, and are not necessarily an accurate representation or characterization of what an applicant can or cannot do in the workplace. In this case, it is further noted that the applicant has been off of work, on total temporary disability, for several years and, in all likelihood, does not have a job to return to. For all of these reasons, then the FCE is not certified.

### **Cymbalta 30mg: 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 Page(s): 15.

**Decision rationale:** As noted on page 15 of the MTUS Chronic Pain Medical Treatment Guidelines, Cymbalta is FDA approved in the treatment of anxiety and depression, both of which are reportedly present here. It can also be employed off label for the treatment of radicular pain, as also appears to be present here. Given the applicant's multiplicity of issues related to neuropathic pain, anxiety, depression, etc., Cymbalta appears to be a particularly appropriate choice here. Therefore, the request is certified.

**Voltaren Gel 110gm x 2 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 Page(s): 112.

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Voltaren gel is indicated in the treatment of small joint arthritis, which lends itself toward topical application, such as the ankle, elbow, foot, hand, knee, wrist, etc. It is not indicated in the treatment of widespread pain such as that present here. In this case, the applicant has ongoing issues with neck and shoulder pain. Voltaren gel has not been explicitly endorsed by the MTUS in the treatment of the same. Accordingly, the request remains non-certified, on independent medical review.