

<b>Case Number:</b>	CM13-0056722		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/07/2003
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in New York. 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/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 claimant is a 43 yo male who sustained an industrial injury on 04/07/2003. The mechanism of injury was not provided for review. His diagnoses include neck pain, low back pain, and depression. He continues to complain of neck and low back pain. On physical exam of the neck extension is 45 degrees, flexion 45 degrees and bilateral rotation is 80 degrees. Lumbar spine flexion was 90 degrees, extension 20 degrees, and bilateral bending 30 degrees. Straight leg raising was negative bilaterally and motor and sensory exams were normal. The depression is maintained on medical therapy and the claimant is awaiting Psychiatry to taper his current medications. Treatment has included medical therapy with Norco, Cymbalta, Abilify, and chiropractic therapy. The treating provider has requested transfer of care to Internal Medicine, Chiropractic once week x 6 weeks, Cymbalta 60mg # 30 x 2 refills, Cymbalta 30mg # 30 x 2 refills Abilify 10mg # 30 x 2 refills and Norco 10/325 # 90 x 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transfer of care to Internal Medicine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) 2nd Edition, (2004) page 127

**Decision rationale:** Per Occupational Medicine Practice Guidelines, a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex when the plan or course of care may benefit from additional expertise. The documentation indicates the enrollee should be under care of a psychiatrist for his depression. He is maintained on both Cymbalta and Abilify and psychiatric evaluation and treatment would best serve his depressive illness. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

**Chiropractic once a week for six weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, , 58-59

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS 2009 Page(s): pages 58-59..

**Decision rationale:** The requested chiropractic treatments are not medically necessary. Per MTUS Guidelines, manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal of effect is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. In this case, prior treatment efficacies were not documented and there is no documentation of functional gains with previous chiropractic sessions. Medical necessity for the requested item was not established. The requested item is not medically necessary.

**30 Cymbalta 60mg with two refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, , 13-16

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS Guidelines 2009- Antidepressants Page(s): pages 74-82.

**Decision rationale:** Duloxetine (Cymbalta, and generics) is a serotonin-norepinephrine reuptake inhibitor (SNRI). It is prescribed for major depression disorder and generalized anxiety disorder (GAD). Duloxetine also has approval for use in osteoarthritis and musculoskeletal pain. It can also relieve the symptoms of painful peripheral neuropathy, particularly diabetic neuropathy. The documentation indicates the claimant has a history of depression. He should be maintained on his present medical regimen until evaluated by a mental health provider. He may require a tapering

of Cymbalta prior to complete cessation of therapy. Medical necessity for the requested item has been established. The requested item is medically necessary.

**30 Cymbalta 30mg with two refills: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, , 13-16

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS Guidelines 2009- Antidepressants Page(s): pages 74-82.

**Decision rationale:** Duloxetine (Cymbalta, and generics) is a serotonin-norepinephrine reuptake inhibitor (SNRI) . It is prescribed for major depression disorder and generalized anxiety disorder (GAD). Duloxetine also has approval for use in osteoarthritis and musculoskeletal pain. It can also relieve the symptoms of painful peripheral neuropathy, particularly diabetic neuropathy. The documentation indicates the claimant has a history of depression. He should be maintained on his present medical regimen until evaluated by a mental health provider. He may require a tapering of Cymbalta prior to complete cessation of therapy. Medical necessity for the requested item has been established. The requested item is medically necessary.

**30 Abilify 10mg with two refills: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medscape Internal Medicine 2013: Abilify

**Decision rationale:** Aripiprazole (Abilify, Aripiprex) is a partial dopamine agonist. It is classified as a second generation or atypical antipsychotic and is primarily used in the treatment of schizophrenia, Bipolar disorder, major depressive disorder (as an add on to other treatment), tic disorders, and irritability associated with autism. The documentation indicates the claimant has a history of depression. He should be maintained on his present medical regimen until evaluated by a mental health provider. Medical necessity for the requested item has been established. The requested item is medically necessary.

**90 Norco 10/325mg with two refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, , 74-82

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS Guidelines 2009, Page(s): pages 91-97..

**Decision rationale:** The documentation indicates the enrollee has been treated with opioid therapy with Norco. Per California MTUS Guidelines, short-acting opioids such as Norco are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that he has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient has continued pain despite the use of short acting opioid medications. The patient may require a multidisciplinary evaluation to determine the best approach to treatment of his chronic pain syndrome. Medical necessity for Norco 10/325 has not been established. The requested treatment is not medically necessary.