

Case Number:	CM14-0112597		
Date Assigned:	08/01/2014	Date of Injury:	03/11/2014
Decision Date:	10/02/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/18/2014

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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 44-year-old male with a reported date of injury on 03/11/2014. The mechanism of injury was noted to be a motor vehicle accident. His diagnoses were noted to include cervical somatic dysfunction, post concussion syndrome, and adjustment disorder with depressed mood. His previous treatments were noted to include physical therapy and medications. The physical therapy note dated 05/19/2014 revealed neck pain and headaches. The initial range of motion to the cervical spine was noted to be forward bending was chin to chest with moderate discomfort, backward bending was neck extension caused neck pain immediately, right/left rotation was to 60 degrees, and right/left side bending was to 25 degrees. The physical therapist reported the injured worker had moderate tenderness from the cervical paraspinals and along the cervical joint line with tenderness from the suboccipital region. The physical therapy progress note dated 06/16/2014 revealed the injured worker had completed 8 out of 8 authorized visits. The injured worker reported improvement with his overall status to his lower back. The injured worker revealed his neck range of motion had improved and he had resolving soreness from the cervical paraspinals with moderate tenderness from the upper cervical region and from the suboccipital region. The physical examination revealed back muscle spasms and mild cervical spine spasms bilaterally. The progress note dated 07/29/2014 revealed complaints of head and neck pain. The injured worker reported he had been taking Cymbalta and ran out, and it was helping his dizziness and headaches. The injured worker revealed he felt much better on it and that he was no longer driving, but working behind the counter. The physical examination revealed back muscle spasm was noted with a mild C spine spasm bilaterally. The injured worker indicated he had back pain, but no muscle weakness and his dizziness had resolved on the Cymbalta, but since he was off the medication, it was returning. The Request for Authorization form was not submitted within the medical records. The request

was for physical therapy 2 times 4 and Cymbalta; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x4: Upheld

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

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

Decision rationale: The request for Physical Therapy 2 times 4 is not medically necessary. The injured worker has completed previous 8 sessions of physical therapy. The California Chronic Pain Medical Treatment Guidelines recommend active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance in functional activities with assistive devices. The guidelines recommend for myalgia and myositis, 9 to 10 visits over 8 weeks. The injured worker has completed 8 sessions of physical therapy with improved range of motion; however, there is a lack of documentation regarding current measurable functional deficits and quantifiable objective functional improvements with previous physical therapy sessions. Additionally, the request for 8 additional physical therapy sessions exceeds guideline recommendations. Therefore, the request is not medically necessary.

Cymbalta: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter Duloxetine (Cymbalta)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants, SNRI's, Page(s): 15.

Decision rationale: The request for Cymbalta is not medically necessary. The injured worker revealed Cymbalta helped his dizziness and headaches. The California Chronic Pain Medical Treatment Guidelines state Cymbalta is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. The guidelines state Cymbalta is used off label for neuropathic pain and radiculopathy. Cymbalta is recommended as a first line option for diabetic neuropathy. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. More studies are needed to determine the efficacy for other types of neuropathic pain. The

injured worker was utilizing Cymbalta for headaches and dizziness, and reported efficacy. The injured worker was utilizing Cymbalta for depression, as well. However, the request failed to provide the frequency and dosage of the medication to be utilized. Therefore, the request is not medically necessary.