

Case Number:	CM14-0154727		
Date Assigned:	09/24/2014	Date of Injury:	04/09/1991
Decision Date:	10/27/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/22/2014

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 and Rehabilitation 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 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:

This is a 70-year-old female with a date of injury of 4/09/91. Mechanism of injury was pulling a person in a wheelchair up some steps. The patient injured her upper back and upper extremities. She has ongoing pain affecting the left shoulder and cervical spine. At one point, the patient was prescribed and was using Cymbalta. This, reportedly, reduced her pain significantly. She was able to stay off narcotic pain medications. She returned in follow-up on 3/31/14, with the PTP noting that Cymbalta was no longer covered, resulting in a flare of symptoms. The flare may have been associated with a weather change, but in the past, Cymbalta reportedly was able to prevent flare-ups. The patient was referred to physical therapy (PT), and PT notes on 6/02/14 indicate that the patient was able to avoid Percocet use with Cymbalta. Within days of the medication change, pain increased by 75%. This report was the initial exam of PT, with no follow-up notes submitted for review. This was submitted to Utilization Review with an adverse determination rendered on both PT and Cymbalta due to lack of additional documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy: 16 sessions for the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Web Edition

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Physical therapy (PT)

Decision rationale: ACOEM Guidelines is non-specific with regards to PT duration recommendations, but do state that 1-2 sessions of PT for education/instruction/counseling and evaluation of home exercises are recommended. ODG recommends 10-12 sessions of PT for this diagnosis. The CA MTUS recommends 9-10 sessions of PT for myalgia. For this flare of symptoms, an initial course of 6 sessions would have been appropriate. An initial request for 16 sessions of PT for a flare without significant impairment is not medically necessary.

Duloxetine 60 mg #90: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Web Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16.

Decision rationale: Guidelines do support use of antidepressants as first line treatment for neuropathic pain and an option for non-neuropathic pain. This patient has chronic pain that was previously responsive to Duloxetine (Cymbalta), and the patient was reportedly able to avoid narcotic use. On discontinuance of Duloxetine, she had an immediate 75% increase in pain, restarted use of Percocet, and had to be referred into PT for a flare. Duloxetine 60 mg #90 is medically necessary.