

Case Number:	CM14-0022063		
Date Assigned:	05/12/2014	Date of Injury:	12/31/2006
Decision Date:	07/10/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/21/2014

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 Physical Medicine & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine, 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:

This patient is a 40-year-old male with date of injury 12/31/2006. According to the treating physician's report, 01/16/2014, the patient presents with continued daily neck pain, muscle spasms radiating down at upper extremities. Overall pain level at 8/10 without medications. No change overall with pain levels. The patient has continued daily low back pain, stiffness, muscle spasms at a level of 8/10, occasional tingling down the legs. Medication with sleep has created dry mouth and jaw clenching. No other adverse effects with medication and needs refill. The patient is on Zanaflex. He is to discontinue Celebrex and Pamelor. Listed diagnoses are: 1. Cervical/trapezial strain/sprain with 1-mm disc bulge at C4-C5, C5-C6 according to the MRI of 2012. 2. Lumbar spine sprain/strain with radiculitis, 5.5-mm disc bulge at L5-S1, and 3 mm at L4-L5. 3. Mild facet changes at L3-L4. 4. Right elbow symptoms unchanged. 5. Sleep difficulty with pain. Treatment plan was to request supplies for TENS machine as machine is beneficial for relieving pain and managing pain level. Under listed medications, it lists Celebrex and Cymbalta. Report from 12/05/2013 states, "Norco and Fexmid are not working as well as before for pain and spasms." Requesting treatment options and change in medications. The patient was declining office-based PT, chiropractic, and acupuncture treatments which provided limited relief in the past. The patient was advised to continue home exercise and TENS unit, request home back exercise kit for self-guided exercises. Report from 06/06/2013 was reviewed with patient's neck and low back pain at intensity of 7/10 at best, the worst at 8/10, taking Norco, Fexmid, and Pamelor. The utilization review denial letter is from 02/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

(TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION) TENS UNIT SUPPLIES: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
TRANSCUTANEOUS ELECTROTHERAPY Page(s): 114.

Decision rationale: This employee presents with chronic neck and low back pains. The request is for TENS unit supplies. Review of the reports show that the employee recently stopped using medications including Norco and Fexmid as they have not been effective. The treating physician's report from 01/16/2014 states that the use of TENS unit has been helpful in helping to manage pain. The 12/05/2013 report also states to continue TENS unit. The employee is now down to just using Cymbalta and Celebrex. Pamelor has been stopped as it has not been helpful. The MTUS Guidelines support TENS units for diagnoses of neuropathic pain, CRPS, multiple sclerosis, phantom limb pain, et cetera. This employee suffers from persistent neck and low back pain with radiating symptoms at upper and lower extremities and use of TENS unit appears to be indicated if it is helpful and provides pain reduction for functional improvement. In this employee, the employee has been quite selective regarding treatments. The employee has tried opiates and other medications that have not helped and the employee has promptly stopped those. Physical therapy, chiropractic and acupuncture treatments have been tried without much benefit. However, the employee reports using a TENS unit and that it has been helpful. Recommendation is that TENS unit supplies are medically necessary.

CYMBALTA 30MG: Overturned

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): 16-17.

Decision rationale: This employee presents with chronic neck and low back pain with some radiating symptoms. The request is for Cymbalta 30 mg and this medication appears to have been prescribed first on 01/16/2014. This particular prescription was denied by utilization review letter 02/10/2014. Review of the reports showed that this employee is quite selective regarding use of medications. The employee has tried Norco, Fexmid, Pamelor without much benefit and has stopped taking those. The treating physician has prescribed Cymbalta for the first time in 01/16/2014 and it should be tried. This medication is indicated for chronic pain as well as neuropathic pain per MTUS Guidelines. If medication is denied, it should be allowed to be tried to determine its efficacy. Recommendation is that Cymbalta is medically necessary.