

<b>Case Number:</b>	CM14-0030651		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/01/2012
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 Texas. 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 52 year old male who sustained injury on 10/01/12. No specific mechanism of injury was noted. Rather this was a cumulative trauma type injury involving the lumbar spine. Prior treatment included epidural steroid injections with minimal improvement. No surgical intervention was recommended for the injured worker. The injured worker had an extensive medication history including anti-inflammatories and narcotic agents increasing in strength up to Dilaudid. Other medications included Cymbalta and Trazadone. The injured worker was seen by the treating physician on 01/28/14. Current medications as of this evaluation included Cymbalta 60mg daily and Trazadone 50mg one to two tablets at bedtime for insomnia. Per the record the injured worker had extremely good benefit from these medications and was weaned off of all narcotic medications. The injured worker continued to report complaints of pain in the feet right side worse than left with severe pain in the right big toe. The injured worker described complaints of low back pain with stiffness and occasional spasms. The injured worker described pain radiating through the lower extremities right worse than left. Physical examination noted pain behaviors and mild to moderate discomfort. There was tenderness to palpation in the lumbar spine with straight leg raise posterior to the left side. There was some gait antalgic favoring the right lower extremity. Frustration anxiety and irritability was identified. The injured worker was recommended to continue with Cymbalta and Trazadone and was recommended for six sessions of aquatic therapy. Psychological evaluation was also ordered. Cymbalta 60mg #30 with two refills, Trazadone 50mg #60 with two refills, and pool therapy for six sessions was denied by utilization review on unspecified date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60mg #30 x 2 refills:** Overturned

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

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

**Decision rationale:** In regards to the request for Cymbalta 60mg quantity 30 with two refills, this antidepressant medication is recommended by guidelines for the treatment of both neuropathic pain and chronic musculoskeletal complaints. The injured worker was followed for both musculoskeletal complaints in the lumbar spine and radiating symptoms in the lower extremities. Per the record the injured worker had significant benefit with Cymbalta. This was evident by the ability of the injured worker to wean off strong narcotics including Dilaudid. Given the efficacy described by the injured worker in regards to both chronic musculoskeletal complaints and peripheral neuropathic symptoms, this request is medically necessary.

**Trazodone 50mg #60 x 2 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia Treatment.

**Decision rationale:** Trazodone can be utilized both as antidepressant neuropathic agent and facilitate better sleep. The injured worker described insomnia that was substantially improved with Trazodone. Furthermore the injured worker reported decrease in pain symptoms to the extent where he was able to wean off strong narcotics. Given the ongoing insomnia complaints due to chronic pain that was effectively controlled with this medication, this request is medically necessary.

**Pool Therapy x 6 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

**Decision rationale:** The clinical documentation submitted for review did not indicate that the injured worker had failed a reasonable trial of land based physical therapy. The clinical records did not provide any specific goals to be met with an initial period of aquatic therapy as compared to land based therapy. As such, this request is not medically necessary.