

<b>Case Number:</b>	CM14-0056640		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/05/2012
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Nevada. 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 records presented for review indicate that this 43 year-old male was reportedly injured on 10/5/2012. The mechanism of injury is listed as a slip and fall. The most recent progress notes dated 2/14/2014 and 3/21/2014, indicate that there are ongoing complaints of shoulder pain and low back pain with radiation to lower extremities. The physical examination demonstrated antalgic slow gait, normal posture; awake, alert, normal affect, depressed with intact memory. EMG/NCV study dated 8/8/2013 of lower extremities and 8/15/2013 of upper extremities were normal. MRI of the lumbar spine dated 11/12/2012 showed minimal disc bulge at L4/5 and right posterolateral annular fissure at L5/S1. Diagnosis: displacement of lumbar disk without myelopathy, chronic pain syndrome, disorder of bursa of shoulder region, and psychophysiological disorder. Previous treatment includes a physical therapy, functional restoration program and medications to include Lidoderm 5%, Naproxen and Ultracet. A request had been made for Psychological #6 sessions for worsening depression, Naproxen 550 mg #60 with #2 RF, Ultracet 37.5/325 mg #60 with 2 RF, Cymbalta 60 mg #60 with #1 RF; which were not certified in the pre-authorization process on 3/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychology for worsening depression QTY: 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102.

**Decision rationale:** MTUS guidelines support psychological treatment for chronic pain with co-morbid mood disorders, to include depression, anxiety, panic disorder and PTSD. Review of the available medical records, documents the claimant has previously completed a functional restoration program which includes exercise progression with disability management and psychosocial intervention. The clinician fails to document the goal of additional psychology treatment given that the claimant has previously undergone psychology intervention during a formal functional restoration program, and has complained of depression since his injury in 2012. As such, this request is not considered medically necessary.

**Naproxen 550mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66 & 73.

**Decision rationale:** MTUS guidelines support Naproxen for the relief of the signs and symptoms of osteoarthritis. Review of the available medical records, fails to document a diagnosis of degenerative joint disease and/or osteoarthritis. Furthermore, there are no recent imaging studies available for review. As such, this request is not considered medically necessary.

**Ultracet 37.5/ 325mg #60 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

**Decision rationale:** MTUS guidelines support the use of Ultracet (Tramadol) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain and documentation of improvement in function with the medication. A review of the available medical records, fails to document any improvement in function or pain level with the previous use of Tramadol. Furthermore, the claimant reported side effects to include nausea and vomiting with this medication. As such, the request is not considered medically necessary.

**Cymbalta 20mg #60 with one refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 105.

**Decision rationale:** MTUS guidelines support Cymbalta as a first-line treatment option for neuropathic pain, especially if tricyclic anti-depressants are ineffective, poorly tolerated or contraindicated. Review of the available medical records, documents chronic pain since an injury in 2012; however, MRI of the lumbar spine did not show canal or foraminal stenosis and an EMG/NCV study of the lower extremities is normal. Furthermore, there is no documentation of objective neurological deficits on physical examination. Give the lack of clinical documentation, this request is not considered medically necessary.