

<b>Case Number:</b>	CM14-0067866		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/12/2011
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 57 year old female who was injured on 8/12/2011. She was diagnosed with cervical pain with paresthesias in extremities, low back pain with radiation, lumbar disc herniation, cervical disc disease, and chronic pain syndrome. She was treated with physical therapy, exercise, myofascial release, oral analgesic medications such as NSAIDs, antidepressants, muscle relaxants, acupuncture, Benzodiazepines, heat, electrical stimulation, cognitive behavioral therapy, and surgery (cervical, 2012). On 4/17/14, the worker was seen by her treating physician complaining of pain along the neck, shoulders, arms, hands, midback, and low back. She stated that she did not receive rehab after her neck surgery. She reported pain at 7-10/10 on the pain scale. She also reported numbness and tingling over her legs, shoulders, and arms. She reported having tried Gabapentin and had stopped it due to the side effects. In the past, she was denied Cymbalta. Physical examination revealed tenderness of the lumbar and cervical areas, negative straight leg raise test, and normal sensation of the cervical dermatomes. Physical therapy (8 sessions), Cymbalta 30 mg, and Celebrex 200 mg were then recommended to the worker.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times per week for 4 weeks #8: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Physical Therapy. Decision based

on Non-MTUS Citation Official Disability Guidelines(<http://www.odg-twc.com/odgtwc/neck.htm>).

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

**Decision rationale:** The Chronic Pain Guidelines state that physical medicine is recommended, however, the goal to therapy should be to progressively shift the focus to less passive modalities and more active therapy to the point of teaching the patient to successfully perform exercises at home. For neuralgia and radiculitis, 8-10 visits over 4 weeks are warranted. In the case of this worker, she had received more than 12 sessions of physical therapy over the past 1-2 years (post-surgery). The worker by now should be able to perform home exercises. No evidence was found in the documents available for review suggesting she required further instructions for exercises. Therefore, the 8 sessions of physical therapy is not medically necessary.

**Cymbalta 30mg daily (quantity unknown):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 43-44.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that Cymbalta is recommended as an option in first-line treatment for neuropathic pain and may be continued as long as there is evidence of functional and pain-relief benefits with its use. In the case of this worker, she had used this medication in the past and had been denied it in the past. After reviewing the documents available, there does not seem to be any evidence of specifically functional benefit with this particular medication. Without some evidence of such, the Cymbalta is not medically necessary.

**Celebrex 200mg daily as needed (quantity unknown):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that NSAIDs, such as Celebrex, are indicated for the treatment of osteoarthritis or inflammatory arthritis. It also may be recommended for short-term relief of acute exacerbations of low back pain or other musculoskeletal pain, but are not recommended for long-term use due to their side effects. In the case of this worker, there was no indication that she was having any acute exacerbation of her chronic pain, and she did not have a diagnosis of arthritis, according to the notes provided for review. Also, a number of pills was failed to be included in the request. Therefore, the Celebrex is not medically necessary.