

Case Number:	CM14-0196612		
Date Assigned:	12/04/2014	Date of Injury:	12/31/1998
Decision Date:	02/04/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	11/24/2014

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 Occupational Medicine 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:

Patient is a 38 year-old female with date of injury 12/31/1998. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/28/2014, lists subjective complaints as pain in the neck and bilateral upper extremities. Objective findings: Examination of the cervical spine revealed improved range of motion in flexion, extension, lateral bending and rotation. Moderate to severe spasms in the right trapezius muscle, but only mild spasms on the left. Tenderness to palpation in the bilateral shoulder blades. Improved sensation to touch in the forearms. Decreased grip strength bilaterally. Diagnosis: 1. Myofascial pain 2. Chronic pain syndrome 3. Cervicobrachial syndrome 4. Sprain of wrist. Patient has attended 6 sessions of physical therapy for the bilateral shoulders to date. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as four months. Medication: 1. Lyrica 150mg, #90 2. Cymbalta 60mg, #303. Ultram ER 300mg, #30SIG was not provided for the above medications was not provided in the records. A primary treating physician's supplemental report of 11/26/2014 provides a large quantity of additional information and an explanation of each of the disputed treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the shoulder and neck x 6 sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is good documentation of objective functional improvement. I am reversing the previous utilization review decision. Physical therapy to the shoulder and back x 6 sessions is medically necessary.

Lyrica 150 mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

Decision rationale: The MTUS states that Lyrica is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is documentation that the patient's neuropathic pain has improved with Lyrica. I am reversing the previous utilization review decision. Lyrica 150 mg #90 is medically necessary.

Cymbalta 60 mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 14, 105.

Decision rationale: Recommended as an option in depressed patients for non-neuropathic pain, but effectiveness is limited. The patient's diagnosis of depression is well documented in the medical record and is apparently an accepted part of the claim. I am reversing the previous utilization review decision. Cymbalta 60 mg #30 is medically necessary.

Ultram ER 300 mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. There is documentation that the patient has pain relief and functional improvement with improved quality of life while taking Ultram ER. I am reversing the previous utilization review decision. Ultram ER 300 mg #30 is medically necessary.