

Case Number:	CM15-0137285		
Date Assigned:	08/21/2015	Date of Injury:	11/11/2011
Decision Date:	09/25/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 58-year-old who has filed a claim for chronic foot and leg pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of November 11, 2011. In a Utilization Review report dated June 15, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy and Cymbalta. Neurontin was conditionally denied. The claims administrator referenced a June 1, 2015 RFA form and a May 29, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On June 19, 2015, the applicant reported ongoing complaints of shoulder, forearm, and arm pain reportedly attributed to complex regional pain syndrome (CRPS). The applicant had pending dental appointment and a pending psychology consultation, it was reported. The applicant was using Cymbalta for both pain and depression, the treating provider reported. The applicant was on Cymbalta and Neurontin, the treating provider reported. The treating provider stated that Cymbalta was attenuating the applicant's issues with depression and pain to some extent. In another section of the note, it was stated that the applicant had residual issues with sleep disturbance, anxiety, emotional distress, and anxiety present. The applicant's BMI was 20. A visible contracture was noted about the hand. Cymbalta and Neurontin were renewed while the applicant was seemingly kept off of work. Physical therapy was endorsed. On May 29, 2015, the applicant reported ongoing complaints of hand, wrist, forearm, and shoulder pain complaints with derivative complaints of depression, anxiety, psychological stress, and cold intolerance. The applicant was asked to continue 12 additional sessions of hand therapy. It was acknowledged that the applicant was not working and was receiving disability benefits; it was

stated in social history section of the note, in addition to workers compensation indemnity benefits. Physical therapy, Neurontin, Cymbalta, dental referral and a psychology referral were all endorsed while the applicant was seemingly kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (12-session): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Physical/Occupational Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guideline does support a general course of 24 sessions of physical therapy/hand therapy for complex regional pain syndrome, i.e., the operating diagnosis present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that it is incumbent upon an attending provider to furnish the prescriptions for physical therapy, which clearly states treatment goals. Here, however, the applicant remained off of work; it was acknowledged on progress notes of May and June 2015. The applicant was receiving both workers compensation indemnity benefits and disability insurance benefits; it was reported on those dates. The applicant remained dependent on adjuvant medications to include Cymbalta and Neurontin. The applicant was described as having issues with a visible hand contracture evident on both progress notes of June 19, 2015 and May 29, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy and/or hand therapy over the course of the claim. Clear treatment goals were not, furthermore, formulated. It does not appear that the applicant had profited from earlier physical therapy, nor did the attending provider clearly state how the applicant could stand to gain from further therapy, going forward. Therefore, the request was not medically necessary.

Cymbalta 60mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chapter 3 Initial Approaches to Treatment Page(s): 402; 47, Chronic Pain Treatment Guidelines Duloxetine (Cymbalta); Functional Restoration Approach to Chronic Pain Management Page(s): 15; 7.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that antidepressants such as Cymbalta may be helpful in alleviating symptoms of

depression and while page 15 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Cymbalta can be employed off-label for neuropathic pain, as was present here in the form of the applicant's upper extremity pain associated with complex regional pain syndrome (CRPS), both recommendations are, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant remained off of work; it was acknowledged above, despite ongoing usage of Cymbalta. The applicant was described as depressed and visibly tearful on June 19, 2015. The applicant was having issues with sleep disturbance, anxiety, heightened stress symptoms and cold intolerance; it was reported on that date. From the chronic pain standpoint, the applicant continued to report difficulty gripping and grasping, it was acknowledged above. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Cymbalta. Therefore, the request was not medically necessary.