

Case Number:	CM15-0146171		
Date Assigned:	08/07/2015	Date of Injury:	05/16/2011
Decision Date:	09/29/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/28/2015

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 35-year-old who has filed a claim for chronic neck, back, and arm pain reportedly associated with an industrial injury of May 16, 2011. In a Utilization Review report dated July 1, 2015, the claims administrator failed to approve requests for Cymbalta and acupuncture. The claims administrator referenced an RFA form received on June 24, 2015 in its determination, along with an associated progress note of June 16, 2015. The claims administrator contended that the applicant had failed to profit despite receipt of earlier unspecified amounts of acupuncture. The claims administrator referenced a variety of non-MTUS Guidelines in its decision on acupuncture, including the now-outdated 2007 MTUS Acupuncture Medical Treatment Guidelines, which were, furthermore, mislabeled as originating from the MTUS, non-MTUS ACOEM Guidelines on acupuncture, and non-MTUS ODG Guidelines on acupuncture. The claims administrator stated that the applicant had received 12 prior acupuncture treatments without benefit. The applicant's attorney subsequently appealed. On June 16, 2015, the applicant reported ongoing complaints of neck and back pain with associated upper extremity paresthesias. The applicant's pain complaints were scored as 6-8/10. The applicant was on Neurontin, Cymbalta, Prilosec, and Ultracet, it was reported. Eight additional acupuncture treatments were endorsed while multiple medications were renewed. The applicant was asked to employ a Thera Cane massager. The applicant was given a rather proscriptive 10- to 15-pound lifting limitation. It was not stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. The attending provider likewise did not state whether the applicant was using Cymbalta for depression issues or for chronic pain concerns on this date. On May 19, 2015, the attending

provider stated that the applicant's pain scores were reduced from 8/10 to 4/10 as a result of ongoing medication consumption. The attending provider contended that the applicant would struggle to perform activities of daily living as basic as cooking and cleaning at his home without his medications. The attending provider stated that Cymbalta and Neurontin were diminishing the applicant's neuropathic pain complaints and also suggested that Cymbalta was helping the applicant's mood. This was not, however, elaborated upon. The same, unchanged rather proscriptive 10- to 15- pound lifting limitation was again renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place. In appeal letters dated June 12, 2015 and June 10, 2015, the attending provider contended that the applicant was in fact working. The attending provider reiterated his belief that Cymbalta was augmenting the applicant's mood and attenuating the applicant's pain complaints. On May 19, 2015, the attending provider contended that the applicant's analgesic medications were ameliorating his ability to walk and do yoga. In a Medical-legal Evaluation dated March 18, 2015, the medical-legal evaluator stated that he believed the applicant was off work, rendering him totally temporarily disabled as of that point in time. The medical-legal evaluator reported that the applicant had gained weight, had issues with anhedonia, had issues with diminished socializing with friends, had difficulty falling asleep, and had difficulty concentrating.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #30 with refill 3: Upheld

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

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

Decision rationale: No, the request for Cymbalta, an atypical antidepressant, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that antidepressants such as Cymbalta can be employed to alleviate symptoms of depression, as were seemingly present here, and while page 15 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Cymbalta can be employed off label for radicular pain, as was also seemingly present here, 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 same, unchanged, rather proscriptive 10- to 15- pound lifting limitation was renewed on office visits of June 16, 2015 and May 19, 2015. Ongoing usage of Cymbalta failed to curtail the applicant's dependence on opioid agents such as Ultracet. It did not appear that the applicant was working with said 10- to 15-pound lifting limitation in place. While the treating provider contended on an appeal letter of June 12, 2015 that the applicant was in fact working, these reports were, however, outweighed by the

seemingly more substantive commentary of a medical-legal evaluator of March 18, 2015 to the effect that the applicant was not working and had, in fact, been terminated by his former employer. While the attending provider stated that the applicant's issues with depression had been ameliorated as a result of ongoing Cymbalta consumption on May 19, 2015, the attending provider failed to outline specific improvements in mood, concentration, previously described anhedonia, etc., on that date or on subsequent dates. 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.

Additional acupuncture 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Similarly, the request for an additional eight sessions of acupuncture was likewise not medically necessary, medically appropriate, or indicated here. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20e, here, however, the applicant did not appear to have effected functional improvement in terms of the parameters established in section 9792.20e, despite receipt of earlier unspecified amounts of acupuncture. The applicant was described as having had acupuncture as recent as a few weeks prior to an office visit of June 16, 2015, it was incidentally noted. The applicant's receipt of earlier unspecified amounts of acupuncture failed to curtail the applicant's dependence on a variety of analgesic and adjuvant medications to include Ultracet, Neurontin, Cymbalta, etc. or other forms of medical treatment such as a Thera Cane massager, which was apparently also endorsed on June 16, 2015. The same, unchanged, rather proscriptive, 10- to 15- pound lifting limitation was renewed on multiple office visits, referenced above. It did not appear that the applicant was working with said limitation in place. 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 acupuncture in 2015 alone. Therefore, the request for additional acupuncture was not medically necessary.