

Case Number:	CM15-0167543		
Date Assigned:	09/08/2015	Date of Injury:	10/16/2009
Decision Date:	10/13/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/25/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This 40 year old male sustained an industrial injury on 10-16-09. The injured worker was diagnosed with a ventral hernia. Previous treatment included ventral hernia repair (undated) and medications. In a PR-2 dated 6-16-15, the injured worker complained of persistent abdominal pain and tightness. The injured worker stated that Soma provided pain relief. Physical exam was remarkable for abdomen with a surgical scar and positive midline tenderness to palpation. The treatment plan included requesting evaluation management and medications (Gralise, Nabumetone, Flexeril, Soma and Duloxetine). In a PR-2 dated 7-24-15, the injured worker reported having unpredictable abdominal pain with shocking and cramping that could occur on rest or exertion as well as constant tightness and soreness. The injured worker reported that his abdominal wall muscle tightness had improved. The injured worker stated that Soma was very helpful. Physical exam was remarkable for tenderness to palpation to the midline of the abdomen without rebound or guarding. Current diagnoses included ventral hernia. The treatment plan included periodic visits for monitoring of medications and referrals and continuing medications (Soma and Duloxetine). Utilization review denied the request citing inadequate clinical information for review regarding the need for evaluation management, Soma and Duloxetine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation management: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visits and Other Medical Treatment Guidelines ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Pursuant to the ACOEM, evaluation management is not medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines as opiates or certain antibiotics require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Determination of necessity for an office visit requires individual case review and reassessment being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In this case, the injured worker's working diagnosis is ventral hernia. Date of injury is October 16, 2009. Request for authorization is August 10, 2015. According to a February 3, 2015 progress note, the injured worker is being followed for abdominal pain. There are no medications listed. There are no medications listed in the February 27, 2015 progress note. According to a June 16, 2015 progress note, the injured worker's working diagnoses are abdominal pain and diastasis recti. The treating provider prescribes Soma (start date not specified). The treating provider was adding Duloxetine. The most recent progress note dated July 24, 2015 states Soma is helpful. The injured worker continues to complain of abdominal pain, which is tight and sore. Objectively, the abdominal wall muscles are tender. There was no rebound. There was insufficient medical documentation in the progress notes to determine the need for subsequent evaluation and management. There was insufficient documentation indicating objective functional improvement with Soma. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and insufficient medical documentation to determine the need for evaluation management, evaluation management is not medically necessary.

Soma 350mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 350 mg #100 is not medically necessary. Muscle relaxants are

recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnosis is ventral hernia. Date of injury is October 16, 2009. Request for authorization is August 10, 2015. According to a February 3, 2015 progress note, the injured worker is being followed for abdominal pain. There are no medications listed. There are no medications listed in the February 27, 2015 progress note. According to a June 16, 2015 progress note, the injured worker's working diagnoses are abdominal pain and diastasis recti. The treating provider prescribes Soma (start date not specified). The treating provider was adding Duloxetine. The most recent progress note dated July 24, 2015 states Soma is helpful. The injured worker continues to complain of abdominal pain, which is tight and sore. Objectively, the abdominal wall muscles are tender. There was no rebound. There was insufficient medical documentation in the progress notes to determine the need for subsequent evaluation and management. There was insufficient documentation indicating objective functional improvement with Soma. Soma is recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. There is no documentation of back pain (acute or chronic). There is no documentation demonstrating objective functional improvement. There is no clinical rationale for Soma documented in the medical record. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical indication rationale for Soma (based on the guidelines) and no documentation demonstrating objective functional improvement, Soma 350 mg #100 is not medically necessary.

Duloxetine 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Cymbalta.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Duloxetine (Cymbalta) 30 mg #60 is not medically necessary. Cymbalta is recommended as an option in first-line treatment of neuropathic pain. Is FDA approved for treatment of depression, generalized anxiety disorder, and treatment of diabetic neuropathy. The effect is found to be significant by the end of week one. In this case, the injured worker's working diagnosis is ventral hernia. Date of injury is October 16, 2009. Request for authorization is August 10, 2015. According to a February 3, 2015 progress note, the injured worker is being followed for abdominal pain. There are no medications listed. There are no medications listed in the February 27, 2015 progress note. According to a June 16, 2015 progress note, the injured worker's working diagnoses are abdominal pain and diastasis recti. The treating provider prescribes Soma (start date not specified). The treating provider was adding Duloxetine. The most recent progress note dated July 24, 2015 states Soma is helpful. The injured worker continues to complain of abdominal pain, which is tight and sore. Objectively, the abdominal wall muscles are tender. There was no rebound. As noted above, the treating provider started

Duloxetine June 16, 2015. There is no clinical rationale medical record for starting the Duloxetine. There is no documentation demonstrating objective functional improvement with Duloxetine in the July 24, 2015 progress note. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, and documentation-demonstrating objective functional improvement in the July 24, 2015 progress note and no clinical indication or rationale for starting Duloxetine June 16, 2015, Duloxetine (Cymbalta) 30 mg #60 is not medically necessary.