

Case Number:	CM15-0168531		
Date Assigned:	09/09/2015	Date of Injury:	07/01/2011
Decision Date:	10/07/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 46 year old male, who sustained an industrial injury on 7-01-2011. The injured worker was diagnosed as having chondromalacia patellae and lumbar sprain-strain. Treatment to date has included diagnostics and medications. Currently (7-21-2015), the injured worker complains of increased bilateral low back pain, but predominantly right and right hip pain, with numbness over the right thigh and lack of hair growth in the right lateral anterior thigh. Pain was not rated. Activities of daily living were not described. Exam of the lumbar spine noted tenderness to palpation of the paravertebral muscles and tight muscle band on the right side. Spinous process tenderness was noted on L5. Exam of the right hand noted mild tenderness to palpation over the thumb and mildly positive Tinel's. Exam of the right hip noted absent hair distribution on the right lateral anterior thigh. Exam of the bilateral knees noted tenderness to palpation over the iliotibial-tibial band, lateral joint line, patella, and quadriceps tendon. Work status remained total temporary disability. Urine toxicology was not submitted. The use of Cymbalta was noted since at least 6-09-2015 and Norco since at least 5-12-2015. The treatment plan included physical therapy and acupuncture for the lumbar spine, diagnostics, lumbar epidural steroid injection, a referral to hand surgeon, and continued use of Norco and Cymbalta. On 8-10-2015, the Utilization Review non-certified the request for acupuncture sessions for the lumbar spine, prospective usage of Norco, and prospective usage of Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture sessions (lumbar) once a week for 4 weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant sustained a work injury in July 2011 and is being treated for low back pain with right lower extremity numbness, bilateral knee pain, and right hand pain. When seen, he was having increasing symptoms. Physical examination findings included paravertebral muscle tenderness with tight muscle bands and spinous process tenderness. There was bilateral knee joint, patellar, quadriceps tendon, and iliotibial band tenderness. There was right thumb tenderness with mildly positive Tinel's testing. He had absent here distribution over the right lateral anterior thigh. The claimant's weight is over 300 pounds. Cymbalta (duloxetine), it can be recommended as an option in first-line treatment of neuropathic pain. The maximum dose is 120 mg per day. In this case the claimant has findings consistent with lateral femoral cutaneous neuralgia. The requested dose is within guidelines recommendations and is considered medically necessary. Duloxetine (Cymbalta), p43-44 Cymbalta prescribing information. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, an increased level of function, or improved quality of life. Continued prescribing was not medically necessary.(1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the claimant has already had physical therapy and would be expected to be able to perform a home exercise program in combination with acupuncture treatments. The requested number of treatments is within guideline recommendations and was medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-82, 82-83, 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in July 2011 and is being treated for low back pain with right lower extremity numbness, bilateral knee pain, and right hand pain. When seen, he was having increasing symptoms. Physical examination findings included paravertebral muscle tenderness with tight muscle bands and spinous process tenderness. There was bilateral knee joint, patellar, quadriceps tendon, and iliotibial band tenderness. There was

right thumb tenderness with mildly positive Tinel's testing. He had absent here distribution over the right lateral anterior thigh. The claimant's weight is over 300 pounds. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, an increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

Cymbalta 30mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13 to 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44. Decision based on Non-MTUS Citation Cymbalta prescribing information.

Decision rationale: The claimant sustained a work injury in July 2011 and is being treated for low back pain with right lower extremity numbness, bilateral knee pain, and right hand pain. When seen, he was having increasing symptoms. Physical examination findings included paravertebral muscle tenderness with tight muscle bands and spinous process tenderness. There was bilateral knee joint, patellar, quadriceps tendon, and iliotibial band tenderness. There was right thumb tenderness with mildly positive Tinel's testing. He had absent here distribution over the right lateral anterior thigh. The claimant's weight is over 300 pounds. Cymbalta (duloxetine), can be recommended as an option in first-line treatment of neuropathic pain. The maximum dose is 120 mg per day. In this case the claimant has findings consistent with lateral femoral cutaneous neuralgia. The requested dose is within guidelines recommendations and is considered medically necessary.