

Case Number:	CM15-0203151		
Date Assigned:	10/19/2015	Date of Injury:	01/28/1999
Decision Date:	12/04/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/15/2015

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: California

Certification(s)/Specialty: Family Practice

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 67 year old male who sustained an industrial injury on 1-28-99. A review of the medical records indicates that the worker is undergoing treatment for lumbar spondylosis, cervical spondylosis without myelopathy, other specified disorders of rotator cuff syndrome of shoulder and allied disorders, and knee pain-bilateral. Subjective complaints (9-21-15) include bilateral knee, cervical spine, thoracic spine, and lumbar spine pain with radiation into the left lower extremity, pain is rated 5 out of 10 with medication, and 10 out of 10 without medication. Objective findings (9-21-15) include an abnormal gait, pain with lumbar and knee range of motion, bilateral knee effusion or Baker cyst, positive straight leg raise-right 90 degrees, positive Patrick test bilateral, positive reverse Thomas test bilateral, and sensation to dermatome abnormal at S2 (which side was not clear in the record). Current medication is Oxycodone, Ambien, Lyrica, Lidoderm patch, Robaxin, and Cymbalta. Previous treatment includes narcotics, steroid joint injections, and trigger point injections. On 10-1-15, the requested treatment of Cymbalta 60mg #60, 2 refills, medial branch blocks bilateral L3, L4, L5 and S1, bilateral knee injection with ultrasound was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60 mg # 60 plus refills 2: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: The MTUS guidelines support Selective serotonin and norepinephrine reuptake inhibitors (SNRI) Duloxetine (Cymbalta) as first line in the treatment of chronic pain. In this case, the injured worker is followed for chronic pain to multiple body parts status post surgical interventions. Efficacy is noted without adverse effects. The request for Cymbalta 60 mg #60 plus refills 2 is medically necessary and appropriate.

MBB Bilateral L3, 4, 5 and S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back procedure summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/ Facet joint diagnostic blocks (injections).

Decision rationale: According to ODG, criteria for the use of diagnostic blocks for facet "mediated" pain: limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. In this case, the injured worker is noted to have evidence of radiculopathy on clinical examination. Furthermore, the request for injection at 3 levels exceeds ODG's recommendation of no more than two levels injected with regards to facet blocks. The request for MBB Bilateral L3, 4, 5 and S1 is not medically necessary and appropriate.

Bilateral knee injection with ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg procedure summary.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Knee Complaints 2004, Section(s): Summary.

Decision rationale: According to the MTUS guidelines, injections of corticosteroids or local anesthetic can mask symptoms and inhibit long-term solution to the patient's problems. Corticosteroids and local anesthetics have risks associated with administration including infection and unintended damage to the neurovascular structures. The knee chapter of the MTUS guidelines noted that repeated aspirations or corticosteroid injections do not meet inclusion criteria for research-based evidence according to panel interpretation. In this case, the medical records note that the injured worker has undergone prior corticosteroid injections. However, the medical records do not establish objective functional gains from the prior injection to support the request for a repeat procedure. The request for bilateral knee injection with ultrasound is therefore not medically necessary and appropriate.