

Case Number:	CM15-0022600		
Date Assigned:	02/12/2015	Date of Injury:	03/30/1988
Decision Date:	03/25/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/06/2015

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: Emergency 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 injured worker is a 49 year old female, who sustained an industrial injury on 3/30/1988. The current diagnoses are chronic cervical pain from C3-C4 and C5-C6 disc bulge, chronic right upper extremity radicular symptoms, chronic right shoulder pain - status post arthroscopic repair, chronic right elbow pain with medial and lateral epicondylitis, chronic thoracic myofascial pain, chronic lumbar pain with conjoined nerve root at L5-S1 on the right and some bilateral degenerative changes of the facet joints at L5-S1, chronic bilateral knee pain, chronic right groin pain secondary to inguinal hernia, weakness of bilateral upper extremities, and chronic cervicogenic headaches. Currently, the injured worker complains of neck, upper and lower back, right groin, right elbow/shoulder, and right knee pain. Additionally, she reports headaches and numbness in her ring and pinkie finger of the right hand. Treatment to date has included medications, acupuncture, TENS unit, and self-directed pool therapy. The treating physician is requesting 12 additional acupuncture visits 2 times per month for 6 months, Cymbalta 30mg #30 with 3 refills, and Midrin #60 with 3 refills, which is now under review. On 1/12/2015, Utilization Review had non-certified a request for 12 additional acupuncture visits 2 times per month for 6 months, Cymbalta 30mg #30 with 3 refills, and Midrin #60 with 3 refills. The acupuncture, Cymbalta, and Midrin were modified. The California MTUS Acupuncture, Chronic Pain, and Non-MTUS Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 acupuncture visits 2 times per month for 6 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested 12 acupuncture visits 2 times per month for 6 months, is not medically necessary. CA MTUS Acupuncture Guidelines recommend note that in general acupuncture may be used as an adjunct to physical rehabilitation. The injured worker has neck, upper and lower back, right groin, right elbow/shoulder, and right knee pain. Additionally, she reports headaches and numbness in her ring and pinkie finger of the right hand. The treating physician has not documented objective evidence of functional benefit from completed sessions. The criteria noted above not having been met, 12 acupuncture visits 2 times per month for 6 months is not medically necessary.

Cymbalta 30mg #30 with 3 refills: Upheld

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

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

Decision rationale: The requested Cymbalta 30mg #30 with 3 refills is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-16, note that Cymbalta is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. "The injured worker has neck, upper and lower back, right groin, right elbow/shoulder, and right knee pain." Additionally, she reports headaches and numbness in her ring and pinkie finger of the right hand. The treating physician has not documented the medical necessity for the use of this anti-depressant as an outlier to referenced guideline negative recommendations, nor failed trials of recommended anti-depressant medication. The criteria noted above not having been met, Cymbalta 30mg #30 with 3 refills is not medically necessary.

Midrin #60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/mtm/midrin.html>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Midrin #60 with 3 refills is not medically necessary. California's Division of Workers Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has neck, upper and lower back, right groin, right elbow/shoulder, and right knee pain. Additionally, she reports headaches and numbness in her ring and pinkie finger of the right hand. The treating physician has not documented current inflammatory conditions, derived functional improvement from its previous use. The criteria noted above not having been met, Midrin #60 with 3 refills is not medically necessary.