

Case Number:	CM14-0176511		
Date Assigned:	10/29/2014	Date of Injury:	08/14/2012
Decision Date:	12/05/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/24/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 27-year-old male with a date of injury of 08/14/2012. The listed diagnoses per [REDACTED] are: Left lateral epicondylitis and Lumbar strain. According to progress report 09/17/2014, the patient presents with left elbow and low back pain. It was noted the patient is "asking for stronger pain medication." Examination of the left elbow revealed a dull and constant pain rated at 6-10/10 with numbness into his fingers. Examination of the lower back revealed sharp constant pain that occasionally radiates to his bilateral heels. The low back pain was rated at 7-8/10. The provider is requesting Butrans 5 mcg/hr #4, Cymbalta 20 mg per day #30, gym membership, and one Aspen lumbar brace. Utilization Review denied the request on 09/25/2014. Treatment reports from 03/12/2014 through 09/17/2014 were reviewed. The patient is currently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 5mcg/hr #4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for initiating opioids Page(s): 76-78.

Decision rationale: This patient presents with low back and left elbow pain. The provider is requesting Butrans 5 mcg/hr #4. An initial request for this medication was made on 9/17/14. The MTUS guidelines page 76-78, criteria for initiating opioids recommends that reasonable alternatives have been tried, consider patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessments should be made. Once the criteria have been met a new course of opioids may be tried at that time. In this case, the patient is "asking for stronger pain medications," but the provider does not provide baseline pain or functional assessments to necessitate a start of a new opioid. No specific goals are mentioned and how long it is to be used. Furthermore, the patient's diagnosis only provides tendinitis and a strain for which chronic opiate use may not be appropriate. Therefore, this request is not medically necessary.

Cymbalta 20mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta (Duloxetine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 16,17.

Decision rationale: This patient presents with low back and left elbow pain. The provider in his 09/17/2014 reports that he is initiating the medication Cymbalta 20 mg per day #30 as this medication has been "cleared with cardiologist." For Cymbalta, the MTUS Guidelines page 16 and 17 states, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used for off-label neuropathic pain and radiculopathy. Duloxetine is recommended as a first line option for diabetic neuropathy." In this case, the patient presents with low back pain that radiates into the heels suggesting neuropathic pain. The patient has had chronic pain as well for couple of years. A trial of Cymbalta is within guidelines and therefore, this request is medically necessary.

Gym Membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back _ Lumbar & thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gym memberships, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter

Decision rationale: This patient presents with low back and left elbow pain. Progress report 09/17/2014 requests, "Gym membership 6 months so the patient can swim as part of his back rehabilitation program for core strengthening." This is a request for a gym membership. Regarding gym memberships, ODG Guidelines only allow in cases where it documented home exercise program with periodic assessment and revision have not been effective and there is a

need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. In this case, ODG does not support one type of exercise over another. Provider does not discuss why core strengthening exercises cannot be done at home. ODG generally does not support gym memberships as medical treatments. Therefore, this request is not medically necessary.

1 Aspen lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) under its Low Back Chapter, lumbar supports

Decision rationale: This patient presents with low back and left elbow pain. The provider is requesting one Aspen lumbar brace. X-ray of the lumbar spine from 01/31/2014 revealed mild disk space narrowing at the L5-S1 level. Vertebral body heights are preserved, and there is no evidence for acute bony fracture or misalignment seen. ACOEM Guidelines page 301 on lumbar bracing state, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Guidelines under its Low Back Chapter, lumbar supports states, "Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain." Under treatment ODG further states, "Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." In this case, the patient does not present with fracture, documented instability, or spondylolisthesis to warrant lumbar bracing. For non-specific low back pain, there is very low quality evidence. ODG does not support bracing for prevention. Therefore, this request is not medically necessary.