

Case Number:	CM14-0212263		
Date Assigned:	01/02/2015	Date of Injury:	02/19/2013
Decision Date:	02/17/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/18/2014

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 Family Practice, 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:

45 yr. old female claimant sustained a cumulative work injury from 12/31/12-2/19/13 involving the shoulders, left elbow, left hand, back, left knee and left ankle. She was diagnosed with cervical disc disease, cervical radiculopathy, and bilateral shoulder impingement syndrome and left lateral epicondylitis. An MRI of the cervical spine showed herniations of C5-C6. The claimant had been treated with Norco for pain. She was depressed secondary to pain. A progress note on 10/31/14 indicated the claimant had pain in the involved areas. She had symptoms of anxiety, depression, and sleep disturbance. Exam findings were notable for decreased range of motion of the cervical spine with a positive axial compression test, the right shoulder had decreased range of motion, and there was diffuse tenderness in the thoracic spine. The physician requested 18 sessions of pool therapy, continuation of Cymbalta and urine drug screens.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screens. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Toxicology Page(s): 82-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.

18 Pool Therapy Visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 98 and 340, Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The length of treatment recommended is up to 8 sessions. In this case, there is not an indication of inability to perform land-based exercises. The amount requested exceeds the amount suggested by the guidelines. The request above is not medically necessary.

Cymbalta 30mg (dosage/quantity unspecified): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13 and 14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental and SNRI.

Decision rationale: Cymbalta is an SNRI antidepressant. It is an inhibitor of serotonin and norepinephrine reuptake, has been approved for the treatment of major depressive disorder. Duloxetine has been shown to be effective in the treatment of first and subsequent episodes of major depressive disorder, and regardless of duration of the current depressive episode. It has been approved for use in pain and depression. The claimant had significant pain and depression related to the injury. Continued use of Cymbalta is medically necessary.