

<b>Case Number:</b>	CM15-0114599		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	07/26/2001
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 (IW) is a 57-year-old male who sustained an industrial injury on 07/26/2001. The injuries involved the neck, right shoulder and thoracic and lumbar spine; he had three right shoulder surgeries, which later caused more pain. Diagnoses/impressions include myalgia; lumbosacral spondylosis without myelopathy; lumbar radiculopathy; muscle weakness; lumbar disc degeneration; chronic pain due to injury; low back pain; and stenosis of the lumbar spine. Treatment to date has included medications, acupuncture, chiropractic, epidural steroid injections, physical therapy and psychological therapy. Acupuncture made the pain worse; his last epidural steroid injection provided three to four months of pain relief of 60% or more. According to the PR2 dated 5/29/15, the IW reported moderate to severe lower back pain radiating to the right arm, right hip, thigh, ankle and foot. He rated his pain at 7/10 on average over the last month and also rated the pain's interference with his activities of daily living at 7/10 as well. Symptoms were aggravated by most movement and activity and relieved by heat, lying down, injections, massage, pain medications, physical therapy and rest. On examination, there was loss of normal lumbar lordosis, active range of motion was restricted and painful and mild spasms were noted. Straight leg raise caused back on the right and radiation of pain on the left. Patrick's (FABER) test was negative bilaterally. Muscles of the lumbosacral area were tender to palpation. Medications included Voltaren 1% topical gel, Cymbalta, Norco and Methadone. A request was made for Cymbalta 60mg, #30 with 1 refill for treatment of chronic pain and functional restoration program, with HELP consultation for lodging, to include evaluation and treatment to improve his functional level.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60mg #30 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Cymbalta.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Cymbalta 60 mg #30 with 1 refill is not medically necessary. Cymbalta is recommended as an option in first-line treatment of neuropathic pain. Is FDA approved for treatment of depression, generalized anxiety disorder, and treatment of diabetic neuropathy. The effect is found to be significant by the end of week one. In this case, the injured worker's working diagnoses are degenerative disc disease lumbar; radiculopathy thoracic or lumbosacral chronic; myalgia and myositis; low back pain; neck pain; spinal stenosis lumbar; spondylosis lumbar; failed back surgery syndrome cervical; failed back surgery syndrome lumbar; chronic pain due to trauma; Depression with anxiety. The date of injury is July 26, 2001. Request for authorization is May 18, 2015. According to progress note dated May 18, 2015, subjectively the injured worker has ongoing neck and right shoulder pain. Injured worker status post three shoulder surgeries. Each worker is currently undergoing chiropractic treatment for the neck and low back. The total number of chiropractic sessions to date is not specified. There is no documentation demonstrating objective functional improvement. Opiate medications include methadone and Norco. The start date for Cymbalta is not documented in the medical record. Although Cymbalta 60 mg clinically indicated for the injured workers depression, without documentation of objective functional improvement and a start date, #1 refill is not clinically indicated. Cymbalta 60 mg #30 should be continued with a reevaluation to determine objective functional improvement in one month. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Cymbalta 60 mg #30 with 1 refill is not medically necessary.

**1 functional restoration program HELP consultation to include evaluation and treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Functional restoration program.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one functional restoration program HELP consultation to include evaluation and treatment is not medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system. The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; an adequate and thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change and is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (24 days or 160 hours) or the equivalent in part based sessions. The negative predictors of success include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. In this case, the injured worker's working diagnoses are degenerative disc disease lumbar; radiculopathy thoracic or lumbosacral chronic; myalgia and myositis; low back pain; neck pain; spinal stenosis lumbar; spondylosis lumbar; failed back surgery syndrome cervical; failed back surgery syndrome lumbar; chronic pain due to trauma; depression with anxiety. The date of injury is July 26, 2001. Request for authorization is May 18, 2015. According to progress note dated May 18, 2015, subjectively the injured worker has ongoing neck and right shoulder pain. Injured worker status post three shoulder surgeries. The injured worker is currently undergoing chiropractic treatment for the neck and low back. The total number of chiropractic sessions to date is not specified. There is no documentation demonstrating objective functional improvement. Opiate medications include methadone and Norco. The documentation is incomplete regarding the previous methods of treating chronic pain has been unsuccessful. The injured worker is still engaged in active chiropractic treatment. There is no documentation demonstrating objective functional improvement. The total number of chiropractic sessions is unclear. There is no documentation in medical record indicating whether surgery is an alternative. Additionally, the injured worker has negative predictors of success that includes depression and anxiety and ongoing treatment. Consequently, absent clinical documentation of chiropractic treatment to date, continued chiropractic treatment indicating not all other treatment options have been unsuccessful and negative predictors (depression and anxiety), one functional restoration program HELP consultation to include evaluation and treatment is not medically necessary.