

Case Number:	CM15-0123783		
Date Assigned:	07/08/2015	Date of Injury:	05/09/2013
Decision Date:	08/05/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/29/2015

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: Physical Medicine & Rehabilitation

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 57 year old female who sustained an industrial/work injury on 5/9/13. She reported an initial complaint of back, hip and ankle pain. The injured worker was diagnosed as having lumbar degenerative disc disease, hip pain, and lumbar pain. Treatment to date includes medication, resting, ice, heat, transcutaneous electrical nerve stimulation (TENS) unit, and diagnostics. MRI results was reported on 5/12/15 that revealed minimal left sided gleuteus minimus tendinosis, right sided anterior paralabral cyst formation with likely associated anterior labral tear. Currently, the injured worker complained of hip pain that is going down the outer thigh and rated 5-6/10 on pain scale. Per the primary physician's report (PR-2) on 6/9/15, gait is slightly antalgic on the left side, tenderness of the left greater trochanter region, extends along the entire iliotibial band down to Gerdy's tubercle, right hip has no tenderness, hip range of motion right/left is 120/70 for forward flexion. 40/20 for external rotation, 30/10 for internal rotation, and 30/20 for abduction, positive anterior and posterior impingement sign on the left and negative on the right, knees are non-tender with normal distal neurovascular function. Sensation and pulses are intact. The requested treatments include left hip platelet rich plasma injection and Cymbalta 60mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left hip platelet rich plasma injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), hip chapter, PRP.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip, Platelet-rich plasma (PRP), pages 252-253.

Decision rationale: Per ODG, there are few published studies regarding Platelet-rich plasma (PRP) injections and treatment is still considered under study. Regarding optional treatment for diagnosis of osteoarthritis, recent case study concluded PRP injection is not recommended as there is insufficient evidence indicating long term benefit in pain relief and function. Submitted reports have not adequately demonstrated any failed conservative treatment trial, acute new injury, and progressive deterioration in clinical findings, decreased ADLs, or medical necessity beyond the guidelines criteria. The Left hip platelet rich plasma injection is not medically necessary and appropriate.

Cymbalta 60mg #30 with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants, Page 15.

Decision rationale: Per MTUS Chronic Treatment Pain Guidelines, selective serotonin reuptake inhibitors (SSRIs) such as Cymbalta (Duloxetine, a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline), are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain; however, more information is needed regarding the role of SSRIs and pain. Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia; Used off-label for neuropathic pain and radiculopathy; and is recommended as a first-line option for diabetic neuropathy; however, no high quality evidence is reported to support the use of duloxetine for musculoskeletal disorders and more studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. Submitted reports have not adequately shown any previous failed trial of TCA or other first-line medications without specific functional improvement from treatment already rendered. The Cymbalta 60mg #30 with 4 refills is not medically necessary and appropriate.