

<b>Case Number:</b>	CM15-0173740		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	02/01/2001
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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: Preventive Medicine, Occupational 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 57 year old female, who sustained an industrial injury on 2-1-2001. The medical records submitted for this review did not include the documentation regarding the initial injury. Diagnoses include lumbago, shoulder bursitis, and spinal enthesopathy. Treatments to date include topical analgesic and physical therapy. Currently, she complained of left wrist pain and swelling. The low back pain was noted to not be "very bothered by this pain" relieving pain with a heating pad. The pain in the right shoulder was also noted to have improved slightly from the previous visit. Current medications listed included Voltaren topical gel and Cymbalta. The records documented a trial of Cymbalta for chronic polyarthritic pain was initiated at the previous evaluation in June 2015. The results of that trial were not documented in the medical records submitted for this review. On 8-18-15, the physical examination documented tenderness to the lumbar spine and muscles and tenderness to the right shoulder. There was swelling noted to the left wrist. The appeal requested authorization for Cymbalta 20mg tablets #30 with three refills; Thermacare large-Extra large bandage for back-hip #30 with three refills; and Thermacare Bandage for Had-wrist #60 with three refills. The Utilization Review dated 8-26-15, denied the request stating "there was no documentation of an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment" per California MTUS Guidelines. She walks 1 hour per day and states that the low back pain varies and is improved with heat.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 20mg with 3 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**Decision rationale:** MTUS Guidelines have very specific recommended standards that are recommended to support the long term use of antidepressants for chronic pain. These standards include timely follow-up with careful assessment of improvements in pain, sleep and functioning. None of these issues have been addressed since initiation of the medication and there is no documentation of benefit nor is there clear documentation of when this individual actually started utilizing it and if it is still being utilized on a daily basis. Under these circumstances, the Cymbalta 20mg with 3 refills is not supported by Guidelines and is not medically necessary.

**30 patches of Thermacare large/x-large bandages for back/hip with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Heat Therapy.

**Decision rationale:** MTUS Guidelines does not directly address the issue heat therapy for chronic low back pain. ODG Guidelines directly address this issue and the Guidelines do support low level direct heat for low back pain. It is clearly documented that this individual has been utilizing other forms of superficial heat with success, but the use of Theramacare bandages has not been trialed and it not clear if this particular application will be beneficial or found to be comfortable by this individual. A trial of the Thermacare bandages would be medically supported by Guidelines, however without demonstrated benefits it is not clear why 3 refills were prescribed in addition to the initial 30 patches. The refills are not medically necessary at this point in time as the effectiveness of the Thermacare has not been established. The 30 patches of Thermacare large/x-large bandages for back/hip with 3 refills is not medically necessary.

**60 patches of Thermacare bandages for the hand/wrist with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder/ICE packs Forearm and Wrist/Heat.

**Decision rationale:** MTUS Guidelines do not address the issue of heat for chronic extremity pain. It is not clearly documented if the Thermacare bandages are for the shoulder or for the hand/wrist, but the use of heat is not supported in Guidelines for chronic shoulder pain and one would not place heat on a body part that is documented to be acutely swollen (wrist). The Guidelines support the use of cold for shoulder pain, but heat is not supported, in the Guidelines and there is no evidence found in the Guidelines or a literature search (Google) that supports the use of Theramacare bandages for chronic shoulder pain. Guidelines support the use of heat therapy for the wrist after initial treatment with cold, however the Guidelines support this treatment for hand and wrist chronic arthritis and this diagnosis is not substantiated in the narratives. The cause of the swelling is not documented and heat therapy would be contraindicated in this circumstance. In addition, if this was indicated, a trial of patches would be appropriate before 3 refills were recommended. The 60 patches of Thermacare bandages for the hand/wrist with 3 refills is not supported by Guidelines and is not medically necessary.