

Case Number:	CM15-0026491		
Date Assigned:	02/18/2015	Date of Injury:	03/08/2012
Decision Date:	04/02/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/11/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 60 year old female, who sustained a work/ industrial injury when she tripped and fell on 3/8/12 as an airport sales agent. She has reported symptoms of pain in back, neck, forearm, shoulders and bilateral feet. Prior medical history includes diabetes mellitus, hypercholesterolemia, gastric bypass, meniscectomies of both knees. The diagnoses have included degenerative disc disease to cervical and thoracolumbar spine, bilateral shoulder tendonitis and mild impingement, and osteoarthritis to both knees. Treatments to date included medication, physical therapy, independent gym, and pool therapy. Diagnostics included X-rays that demonstrated degenerative changes to cervical, thoracic, and lumbar spine. A Magnetic Resonance Imaging (MRI) of the cervical spine noted multi-level spondylosis, moderate spinal stenosis at L3-4 with moderate left foraminal stenosis at that segmental level as well.

Medications included Metformin, Byetta, Losartan, Simvastatin, Omeprazole, Hydrocodone, Lyrica, Vicodin, Diazepam, and Ambien. Physical exam noted obesity, normal gait, two thirds active movement to neck, tenderness about the superior shoulders and parascapular region with abduction being limited to 120 degrees. Lumbar flexion was to 15 degrees, extension to 10 degrees, and left bending to 15 degrees. Palpation elicits midline tenderness in the lumbosacral region and slight tenderness over the sciatic notch and nerve on the left side. Upper limb neurological assessment was negative. On 1/16/15, Utilization Review non-certified Physical therapy for low back and leg x 6 sessions; Flector Patch 1.3 % # 60; Cymbalta 60mg # 30; Cymbalta 30mg # 30, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for low back and leg x 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: This 60 year old female has complained of low back pain, neck pain, bilateral shoulder and bilateral foot pain since date of injury 3//8/12. She has been treated with physical therapy, bilateral knee surgery and medications. The current request is for physical therapy for low back and leg, 6 sessions. Per the MTUS guidelines cited above, 9-10 visits for physical therapy over a period of 8 weeks are recommended for the treatment of myalgia and myofascial pain. The submitted medical documentation indicates that the patient has had passive physical therapy in the past and there is no provided medical rationale why the patient cannot continue at this point on a home exercise program. On the basis of the MTUS guidelines and available medical documentation, physical therapy for low back and leg, 6 sessions, is not indicated as medically necessary.

Flector Patch 1.3 % # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: This 60 year old female has complained of low back pain, neck pain, bilateral shoulder and bilateral foot pain since date of injury 3//8/12. She has been treated with physical therapy, bilateral knee surgery and medications. The current request is for Flector patch. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the Flector patch is not indicated as medically necessary.

Cymbalta 60mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 43-44.

Decision rationale: This 60 year old female has complained of low back pain, neck pain, bilateral shoulder and bilateral foot pain since date of injury 3//8/12. She has been treated with physical therapy, bilateral knee surgery and medications to include Cymbalta since at least 09/2014. The current request is for Cymbalta, 60 mg. Per the MTUS guidelines cited above, Cymbalta (Duloxetine) is indicated as a first line treatment for depression, anxiety and the treatment of pain related to diabetic neuropathy. There is inadequate documentation in the available medical records supporting any of these diagnoses. Per the MTUS, Cymbalta, 60 mg is not indicated as medically necessary in this patient.

Cymbalta 30mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 43-44.

Decision rationale: This 60 year old female has complained of low back pain, neck pain, bilateral shoulder and bilateral foot pain since date of injury 3//8/12. She has been treated with physical therapy, bilateral knee surgery and medications to include Cymbalta since at least 09/2014. The current request is for Cymbalta, 30 mg. Per the MTUS guidelines cited above, Cymbalta (Duloxetine) is indicated as a first line treatment for depression, anxiety and the treatment of pain related to diabetic neuropathy. There is inadequate documentation in the available medical records supporting any of these diagnoses. Per the MTUS, Cymbalta 30 mg is not indicated as medically necessary in this patient.