

<b>Case Number:</b>	CM15-0043476		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	02/15/2012
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 59 year old female, who sustained an industrial injury on February 15, 2012. The injured worker had reported a left shoulder injury. The diagnoses have included cervical disc herniation's, left cervical six-cervical seven radiculopathy, depression, anxiety disorder and status post left shoulder surgery for a supraspinatus partial thickness tear. Treatment to date has included medications, radiological studies, psychological evaluations, epidural injection, facet blocks, electrodiagnostic studies and physical therapy. Current documentation dated January 28, 2015 notes that the injured worker complained of neck pain radiating into the left upper extremity. Physical examination of the left upper extremity revealed the muscle strength to be decreased. Sensation was noted to be intact. Motor testing was noted to be a four plus/five. The treating physician's recommended plan of care included an internal medicine consultation, Pantoprazole 40mg unknown quantity, Cymbalta, unknown dose and quantity, a pain management consultation and one psychotherapy visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Internal medicine consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 127; Official Disability Guidelines (ODG) - Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM.

**Decision rationale:** According to the CA MTUS/ACOEM, a consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. In this case, there is no specific rationale identifying the medical necessity of the requested Internal Medicine consultation for the evaluation of stomach problems. There is documentation indicating that the patient has stomach problems related to pain medications but there is no documentation indicating that diagnostic and therapeutic management has been exhausted within the present treating provider's scope of practice. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

**Pantoprazole 40mg unknown quantity:** 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) - Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPIs Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

**Decision rationale:** According to the California MTUS (2009), Pantoprazole (Protonix), is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. There is documentation indicating that this patient has GI symptoms related to her use of pain medications but no specific indication for the use of Pantoprazole. Based on the available information provided for review, the patient has not been maintained on NSAIDs. The medical necessity for Pantoprazole has not been established. The requested medication is not medically necessary.

**Cymbalta, unknown dose and quantity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants: SNRIs Page(s): 13, 15-16.

**Decision rationale:** According to the California MTUS Guidelines, antidepressants are indicated for the treatment of chronic musculoskeletal pain. They are recommended as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. Cymbalta (Duloxetine) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy. In this case, there is documentation the patient has depression and anxiety. However, there is no documentation of the dosage and quantity of Cymbalta requested. The medical necessity for Cymbalta has not been established. The requested medication is not medically necessary.

**Pain management consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM.

**Decision rationale:** According to the CA MTUS/ACOEM, a consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. In this case, the patient has chronic pain and has failed multiple conservative and interventional therapies including medical therapy, physical therapy, epidural steroid injections, and facet blocks. In addition, the patient has depression and anxiety. Given the ongoing issues with pain control, medical necessity for the requested pain management consultation has been established. The requested consultation is medically necessary.

**1 Psychotherapy visit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101.

**Decision rationale:** The CA MTUS recommends psychological treatment for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing comorbid mood disorders (such as depression, anxiety, panic disorder, and post-traumatic stress disorder). The guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks. In this case the documentation indicates the patient has had at least 11 previous psychotherapy visits completed to date without documentation of objective functional improvement. Medical

necessity for the requested service is not established. The requested service is not medically necessary.