

<b>Case Number:</b>	CM15-0068648		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	07/26/2001
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: Texas, Florida, 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 56 year old, male who sustained a work related injury on 7/26/01. The diagnoses have included myalgia, chronic pain, lumbosacral spondylosis, lumbar disc degeneration, lumbar spine stenosis, low back pain, lumbar radiculopathy and muscle weakness. Treatments have included medications, MRIs, heat/ice therapy, injections, rest, massage, physical therapy, acupuncture, chiropractic treatments, spinal cord stimulator, stretching and hot baths. In the PR-2 dated 3/20/15, the injured worker complains of neck, shoulders, middle back and lower back pain. He states he had radiating pain in right ankle, right foot, right thigh and left foot. He states the severity level is moderate to severe. He describes pain as an ache, deep, discomforting, sharp, shooting and stabbing. He states pain is worsening. He rates pain a 7/10 with medications and 10/10 without medications. The treatment plan is a referral for physical therapy and medication refill of Cymbalta.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY SESSIONS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127.

**Decision rationale:** This claimant was injured now 14 years ago. Past treatment has included therapy and chiropractic of unknown outcomes. The number of therapy sessions and objective functional outcomes are not noted. The MTUS does permit physical therapy in chronic situations, noting however that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: 1. Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. 2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. It is not clear what objectively could be improved out of additional sessions that the independent home program would already provide. This request for more skilled, monitored therapy was appropriately non-certified. The request IS NOT medically necessary.

**CYMBALTA 60MG, #30 WITH 1 REFILL:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Antidepressants and Chronic Pain section under antidepressants.

**Decision rationale:** As shared previously, this claimant was injured now 14 years ago. Past treatment has included therapy and chiropractic of unknown outcomes. The number of therapy sessions and objective functional outcomes are not noted. The functional objective improvement outcomes out of past Cymbalta use is not noted. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In

this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder as defined in DSM-IV. If used for pain, it is again not clear what objective, functional benefit has been achieved. The request is appropriately non-certified and IS NOT medically necessary.