

Case Number:	CM15-0071455		
Date Assigned:	04/21/2015	Date of Injury:	11/23/2007
Decision Date:	05/20/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/15/2015

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, New York, 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 applicant is a represented 68-year-old who has filed a claim for low back pain (LBP) reportedly associated with an industrial injury of November 23, 2007. In a Utilization Review report dated April 8, 2015, the claims administrator failed to approve a request for Cymbalta, partially approved a request for Norco, and denied motorized cold therapy unit outright. A RFA form dated April 1, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In a letter dated April 28, 2015, the applicant personally attached the statement. The applicant acknowledged that he received multiple injections of various kinds over the course of the claim. The applicant attributed his present symptoms to an industrial motor vehicle accident (MVA). In a March 20, 2015 progress note, the applicant reported ongoing complaints of low back pain radiating to the right lower extremity. The applicant was status post numerous lumbar facet injections and epidural steroid injections, the treatment provider acknowledged. The attending provider reiterated his request for further injections. Norco, epidural steroid injection therapy, motorized cold therapy unit and Cymbalta were endorsed. The applicant's permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. In an earlier note dated February 20, 2015, the applicant again reported ongoing complaints of low back pain radiating to the bilateral lower extremities. Epidural steroid injection therapy, motorized cold therapy unit, Norco, and Cymbalta were endorsed. The applicant was described as "permanently partially disabled." Once again, it was not clearly stated whether the applicant was or was not working with said permanent limitations in place,

although this did not appear to be the case. On January 15, 2015, epidural steroid injection therapy and cold therapy unit were again proposed while multiple medications were refilled. The applicant stated that his pain scores were as high as 8-9/10 without medications and went down to 3-4/10 with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 capsules of Cymbalta 60mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta); Functional Restoration Approach to Chronic Pain Management Page(s): 15; 7.

Decision rationale: No, the request for Cymbalta, an antidepressant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. While page 15 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Cymbalta (duloxetine), an anti-depressant adjuvant medication, can be employed off label for radiculopathy, as was present here. This recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the attending provider failed to outline any material or meaningful improvements in function effected as a results of ongoing Cymbalta use. Ongoing usage of Cymbalta failed to curtail the applicant's dependence on Norco, which the applicant continued to consume at a rate of four tablets daily. Permanent work restrictions were renewed, seemingly unchanged, from visit to visit. The applicant had not been working with said limitation in place. The applicant remained dependent on epidural steroid injection therapy, despite ongoing usage of Cymbalta. All of the foregoing, taken together suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Cymbalta. Therefore, the request was not medically necessary.

120 tablets of Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced

pain achieved as a result of the same. Here, the applicant was seemingly off work, it was suggested on multiple progress notes of early 2015, referenced above. The applicant does not appear to be working following imposition of permanent work restrictions. While the attending provider did recount some reduction in pain scores reportedly effected as a result of ongoing opioid usage on January 15, 2015, these reports were, however, outweighed by the applicant's seeming failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function (if any) as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

1 Purchase of Motorized Cold Therapy Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation ACOEM V.3, Chronic Pain, General Principles of Treatment, Allied Health Professionals, Allied Health Therapies, Recommendation: Routine Use of Cryotherapies in Health Care Provider Offices or High Tech Devices for Any Chronic Pain Condition, Routine use of cryotherapies in health care provider offices or the use of high tech devices is not recommended for treatment of any chronic pain condition. Strength of Evidence Not Recommended, Insufficient Evidence (I).

Decision rationale: Similarly, the request for a motorized cold unit was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-5, page 299 does recommend at-home local applications of heat and cold as necessary in the treatment of low back complaints, as were present here, by implication, ACOEM does not support high-tech devices for the purposes of delivering cryotherapy. The Third Edition ACOEM Guidelines takes a stronger position against such devices, explicitly noting that the usage of high-tech devices for delivering cryotherapy is "not recommended." Here, the attending provider did not furnish a compelling rationale for selection of this particular cryotherapy device/motorized cold unit in the face of the unfavorable ACOEM positions on the same. It was not stated why simple, low-tech, at-home applications of cold would not suffice here. Therefore, the request was not medically necessary.