

Case Number:	CM15-0077569		
Date Assigned:	04/29/2015	Date of Injury:	02/01/2013
Decision Date:	05/28/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/23/2015

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: Emergency 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 28 year old female who sustained an industrial injury on 2/1/2013. Her diagnoses, and/or impressions, included: bilateral upper extremity pain with possible neuritis; complex regional pain syndrome; and bilateral medial and lateral epicondylitis. No current magnetic resonance imaging studies or computed tomography studies are noted. Her treatments are noted to have included ineffective physical therapy; effective transcutaneous electrical nerve stimulation therapy and massage; epidural steroid injection therapy; trigger point injection therapy to the shoulder girdle regions; acupuncture therapy; Qualified Medical Examination; modified work duties, unavailable for her profession, so rest from work; and medication management. Progress notes of 3/3/2015 noted a follow-up visit reporting effective trigger point injections; tightness in the left side of her neck from studying, helped by Tizanidine but which made her groggy; and uncertain of Tizanidine over Orphenadrine for better relief. It is noted that due to her inability to perform modified duties as a surgical veterinarian, she enrolled herself into Master's Program. The physician's requests for treatments were noted to include continuing Cymbalta and Lidoderm patches; and physical therapy with deep tissue massage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14.

Decision rationale: Duloxetine (Cymbalta) is a selective serotonin reuptake inhibitor (SNRI) with efficacy in neuropathic pain. While it is not considered a first choice, patient has been stable on this medication for at least 6 months. Documentation states that patient has improvement in pain and documented improvement in activity of daily living on this medication. Continued use of Cymbalta is medically necessary.

Lidoderm 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: As per MTUS chronic pain guidelines, Lidoderm/Lidocaine patch is only approved for peripheral neuropathic pain, specifically post-herpetic neuralgia. There is poor evidence to support its use in other neuropathic pain. Documentation does not support use of Lidoderm patches with no documentation of how and where these patches can be used for patient's pain or any documented objective improvement. Lidoderm patch is not medically necessary.

12 physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Guidelines also recommend only up to 10 PT sessions for the diagnosis listed. Patient has over 20 prior sessions with no documented improvement. There is no documentation as to why the patient cannot perform home exercise program or why additional sessions are necessary. Additional Physical Therapy is not medically necessary.