

Case Number:	CM15-0094225		
Date Assigned:	05/20/2015	Date of Injury:	02/01/2001
Decision Date:	06/22/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/15/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old female who sustained an industrial injury on 02/01/2001. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment provided to date has included: medications (Cymbalta, Tylenol #4); physical therapy (8 sessions completed/12 sessions approved); conservative care (activity restrictions, electrical stimulation, etc.); and cervical surgeries (10/2012 and 03/2014). Diagnostic tests performed include: CT scan of the cervical spine (10/02/2014) which showed solid anterior and posterior fusion of the cervical spine. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 04/07/2015, physician progress report noted continued neck pain. Pain is rated as 3/10 (1-10) with medications and 6/10 without medications. Current medications include Tylenol #4 and Cymbalta 80mg. The injured worker was noted to be walking for exercises and she continued to do well with the 30 day trial of TENS (Transcutaneous Electrical Nerve Stimulation) for myofascial neck pain. The physical exam revealed ongoing tenderness to the cervical paraspinal musculature. The provider noted diagnoses of status post cervical discectomy, fusion and instrumentation at C5-6 and C6-7 (10/24/2012), status post posterior cervical fusion (03/25/2014), and possible pseudoarthrosis at C6-7. The injured worker's work status was noted to be sedentary work only. Plan of care includes refills of medications, the purchase of TENS unit, and follow-up. Requested treatments include: TENS (Transcutaneous Electrical Nerve Stimulation) unit purchase and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit purchase: 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 Transcutaneous Electrotherapy, TENS for chronic pain, pages 114-117.

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has chronic condition and has received extensive conservative medical treatment to include chronic analgesics and other medication, extensive therapy, activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, nor is there any documented short-term or long-term goals of treatment with the TENS unit. Although the patient has utilized the TENS unit for some time, there is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the TENS treatment already rendered for purchase. The TENS unit purchase is not medically necessary and appropriate.

Cymbalta 80mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain, 13-16.

Decision rationale: MTUS Medical Treatment Guidelines do not recommend Cymbalta, a Selective Serotonin and Norepinephrine ReUptake Inhibitor (SSRI/SNRIs) without evidence of failed treatment with first-line tricyclics (TCAs) not evident here. Tolerance may develop and rebound insomnia has been found as for this patient who has sleeping complaints. An SSRI/SNRI may be an option in patients with coexisting diagnosis of major depression that is not the case for this chronic injury without remarkable acute change or red-flag conditions. Submitted reports from the provider have not adequately documented any failed trial with first-line TCAs nor is there any diagnosis of major depression. The patient has been prescribed the medication without any functional improvement derived from treatment already rendered. The Cymbalta 80mg #30 with 1 refill is not medically necessary and appropriate.

