

Case Number:	CM15-0098504		
Date Assigned:	05/29/2015	Date of Injury:	06/19/2010
Decision Date:	07/08/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/21/2015

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 35 year old female who sustained an industrial injury on 06/19/2010. Current diagnoses include shoulder pain, chronic pain syndrome, rheumatoid arthritis, depression, and rotator cuff disorders. Previous treatments included medication management, psychiatric treatments, and home exercise program. Report dated 04/23/2015 noted that the injured worker presented with chief complaints that included left sided head pain, left sided neck pain, left shoulder pain, left arm pain, left upper back pain, left mid back pain, and left lower back pain. Other complaints included headaches, joint pain and stiffness, morning stiffness, muscle spasms, neck numbness, and poor sleep quality. Pain level was 10 out of 10 on a visual analog scale (VAS). Physical examination was positive for a flat affect and appears depressed, paravertebral muscle tenderness, left trapezius tenderness, pain in both knees, and motor deficits on the left upper extremity. The treatment plan included requests for continued current medication regimen which included Cymbalta and Norco, scheduled for an MRI of the left shoulder, request for continued treatment with a psychiatrist to optimize her medications, request for the HELP program, random toxicology screening performed, and follow up in 4-6 weeks. Disputed treatments include psychiatrist (8 visits), HELP program, Cymbalta, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatrist QTY 8: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: The 35 year old patient presents with pain in left side of the head; left side of the neck; upper, middle and lower left back; and left arm, rated at 8/10, as per progress report dated 05/18/15. The request is for Psychiatrist Qty: 8.00. The RFA for the case is dated 05/14/15, and the patient's date of injury is 06/19/10. The patient also suffers from joint pain, muscle aches, persistent itching, anxiousness, depressions, dryness of mouth, weakness of legs, and weight changes, as per progress report dated 05/18/15. Diagnoses included shoulder pain, rheumatoid arthritis and other polyarthropathies, chronic pain syndrome and rotator cuff disorders. Medications included Cymbalta, Norco, Methotexarate, Plaquenil, Prednisone, Naproxen, Omeprazole, Xanax, Ibuprofen, Pilocarpine, and Folic acid. The patient is not working, as per the same progress report. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Regarding follow-up visits, MTUS guidelines page 8 states that the treater must monitor the patient and provide appropriate treatment recommendations. In this case, the patient suffers from anxiety and "presents with signs and symptoms of depression," as per progress report dated 05/18/15. In progress report dated 04/23/15, the pain management specialist requests for "continued treatment with a psychiatrist to optimize her medications". The patient may benefit from psychiatrist visit. MTUS also supports follow-up visits. Hence, the request for # 8 is medically necessary.

HELP Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 30-32.

Decision rationale: The 35 year old patient presents with pain in left side of the head; left side of the neck; upper, middle and lower left back; and left arm, rated at 8/10, as per progress report dated 05/18/15. The request is for Help Program. The RFA for the case is dated 05/14/15, and the patient's date of injury is 06/19/10. The patient also suffers from joint pain, muscle aches, persistent itching, anxiousness, depressions, dryness of mouth, weakness of legs, and weight changes, as per progress report dated 05/18/15. Diagnoses included shoulder pain, rheumatoid

arthritis and other polyarthropathies, chronic pain syndrome and rotator cuff disorders. Medications included Cymbalta, Norco, Methotexarate, Plaquenil, Prednisone, Naproxen, Omeprazole, Xanax, Ibuprofen, Pilocarpine, and Folic acid. The patient is not working, as per the same progress report. MTUS Chronic pain programs (functional restoration programs) page 30-32 indicate it may be considered medically necessary when all criteria are met including: (1) adequate and thorough evaluation has been made; (2) Previous methods of treating chronic pain have been unsuccessful; (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be; (5) The patient exhibits motivation to change; (6) Negative predictors of success above have been addressed. The guidelines further state that "Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved". MTUS does not recommend more than "20 full-day sessions (or the equivalent in part-day sessions if required by part-time work transportation, childcare, or comorbidities)." In this case, a request for HELP program is noted in progress report dated 04/23/15 "as per Judge's orders during hearing back on 03/19/2015". The patient is, however, benefiting from medications, as per the same progress report. Additionally, the physician does not provide documents that exhibit the patient's motivation to change nor does the treater discuss the results of a thorough evaluation as well as the steps taken to address the negative predictors of success. Given the lack of documentation, the request for HELP is not medically necessary.

Cymbalta 60mg QTY 30: 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 Antiepilepsy drugs (AEDs) Duloxetine (Cymbalta) Page(s): 16-17.

Decision rationale: The 35 year old patient presents with pain in left side of the head; left side of the neck; upper, middle and lower left back; and left arm, rated at 8/10, as per progress report dated 05/18/15. The request is for CYMBALTA 60 mg QTY: 30. The RFA for the case is dated 05/14/15, and the patient's date of injury is 06/19/10. The patient also suffers from joint pain, muscle aches, persistent itching, anxiousness, depressions, dryness of mouth, weakness of legs, and weight changes, as per progress report dated 05/18/15. Diagnoses included shoulder pain, rheumatoid arthritis and other polyarthropathies, chronic pain syndrome and rotator cuff disorders. Medications included Cymbalta, Norco, Methotexarate, Plaquenil, Prednisone, Naproxen, Omeprazole, Xanax, Ibuprofen, Pilocarpine, and Folic acid. The patient is not working, as per the same progress report. For Cymbalta, the MTUS Guidelines page 16 and 17 states, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used for off-label neuropathic pain and radiculopathy. Duloxetine is recommended as a first line option for diabetic neuropathy". In this case, a prescription for Cymbalta is first noted in progress report dated 10/08/14, and the patient has been taking the medication consistently at least since then. As per progress report dated 04/23/15, the patient's "PHQ-9 shows a very low score suggestive of a moderate to severe depression". While the

treater does not document efficacy, MTUS supports the use of Cymbalta for depression. Hence, the request is medically necessary.

Norco 10/325mg QTY 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The 35 year old patient presents with pain in left side of the head; left side of the neck; upper, middle and lower left back; and left arm, rated at 8/10, as per progress report dated 05/18/15. The request is for Norco 10/325 mg Qty: 120. The RFA for the case is dated 05/14/15, and the patient's date of injury is 06/19/10. The patient also suffers from joint pain, muscle aches, persistent itching, anxiousness, depressions, dryness of mouth, weakness of legs, and weight changes, as per progress report dated 05/18/15. Diagnoses included shoulder pain, rheumatoid arthritis and other polyarthropathies, chronic pain syndrome and rotator cuff disorders. Medications included Cymbalta, Norco, Methotexarate, Plaquenil, Prednisone, Naproxen, Omeprazole, Xanax, Ibuprofen, Pilocarpine, and Folic acid. The patient is not working, as per the same progress report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, a prescription for Norco is first noted in progress report dated 10/08/14, and the patient has been taking the medication consistently at least since then. As per progress report dated 05/18/15, the pain is rated at 8-9/10 without medications and the patient "performs ADLs with some difficulty due to pain" without them. However, the pain is rated at 5/10 with medications, and the patient "performs ADLs with less difficulty, she is able to function and do more things throughout the day due to less pain". The patient has no side effects and there is no aberrant behavior, as per the same report. As per progress report dated 04/23/16, the CURES report was consistent. Random toxicology screening was performed during visits dated 01/12/15 and 02/17/15 but reports were not available for review. Although the treater does not provide specific examples of ADLs that demonstrate improvement in function, Norco does appear to benefit the patient. Hence, the request is medically necessary.