

Case Number:	CM14-0152770		
Date Assigned:	09/23/2014	Date of Injury:	04/19/2008
Decision Date:	11/03/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/18/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 [REDACTED] employee who has filed a claim for chronic mid back and low back pain reportedly associated with an industrial injury of April 19, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; various interventional spine procedures; adjuvant medications; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 16, 2014, the claims administrator denied a request for Cymbalta and radiofrequency ablation procedure. In an August 20, 2014 progress note, the applicant reported 9/10 low back pain, it was stated in one section of the report. Somewhat incongruously, it was noted that the applicant reported 60-70% improvement in symptoms in another section of the report following earlier medial branch block procedures. The applicant stated that any kind of activity aggravated her pain. The applicant was still using Cymbalta, baclofen, Norco, it was acknowledged. The applicant was not working, it was further noted. Radiofrequency thermal coagulation procedure was sought. The applicant was given a Toradol injection. In an earlier note dated July 28, 2014, authorization was sought for bilateral medial branch blocks while Cymbalta, baclofen, and Norco were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine HCL 30mg capsules #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine Page(s): 15.

Decision rationale: While page 15 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that duloxetine or Cymbalta is FDA approved in the management of anxiety and depression and can be employed off label for radiculopathy, this recommendation is 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. In this case, however, the attending provider has failed to outline how (or if) ongoing usage of Cymbalta has proven beneficial here. The applicant is off of work. The applicant remains highly dependent on various interventional spine procedures as well as opioid agents such as Norco. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS, despite ongoing usage of Cymbalta. Therefore, the request is not medically necessary.

Radiofrequency thermocoagulation injection, bilateral at L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar and Thoracic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 301, facet neurotomies, a procedure essentially analogous to the thermal coagulation procedure being sought here should be performed only after appropriate investigations involving controlled differential dorsal ramus diagnostic medial branch blocks. In this case, the applicant did have earlier diagnostic medial branch blocks. The attending provider failed to convincingly or compellingly establish that the applicant had exhibited a positive response to the earlier medial branch blocks. While one section of the attending provider's progress note did suggest that these medial branch blocks were successful, other sections of the attending provider's note stated that the applicant had heightened pain complaints and continued difficulty performing activities of daily living. It does not appear, on balance, that the earlier diagnostic medial branch blocks were overtly beneficial. Therefore, the request for radiofrequency thermal coagulation injection procedures is not medically necessary.