

Case Number:	CM13-0006220		
Date Assigned:	12/27/2013	Date of Injury:	03/16/2011
Decision Date:	02/27/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Geriatrics and is licensed to practice in New York. 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 physician 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 injured worker is a 42 year old woman with a date of injury of 3/16/11 related to her work as a dental hygienist. She has had numerous diagnostic studies including NCS/EMG of her upper extremities in 11/11 showing mild subacute chronic right C5-6 radiculopathy. An MRI of her cervical spine in 4/11 showed mild disc height reduction and protrusion at several levels with no spinal cord involvement or foraminal encroachment. The treatment has included therapy, acupuncture, yoga, epidural injections, and medications including NSAIDS and Cymbalta. The worker reported less anxiety and frustration with no side effects from Cymbalta. She was reevaluated by a neurologist on 7/12/13. She had multiple complaints including neck pain radiating to her occipital region, shoulders and arms and low back pain radiating to her right leg. She complained of a weak grip, shoulder blade pain, grinding her teeth at night, headaches and right jaw pain. She also stated she felt less depressed, frustrated and anxious. She is working in real estate. Her diagnoses included pain disorder with both psychological factors and a general medical condition, chronic and chronic pain with orthopedic difficulties. The treatment recommendations included multidisciplinary pain management, biofeedback therapy and to address her concerns regarding prescribed Cymbalta. Her physical exam was significant for range of motion of cervical spine to the right 50 degrees, left 55 degrees, flexion 62 degrees and extension 35 degrees. She had normal shoulder range of motion with pain. Her back range of motion was flexion to 45 degrees, extension to 18 degrees and lateral bending to 22 degrees. She had a straight leg raise positive sign on the right at 60 degrees. Her motor strength was 5/5 throughout and reflexes 2+ with absent ankle jerks. Her gait was normal with negative Romberg and normal tandem walk. Her diagnoses included musculoligamentous sprain/strain of her cervical spine with right C5-6 radiculopathy, sprain/strain of lumbar spine with radiculopathy, cervicogenic headaches, carpal tunnel and cubital tunnel syndrome (right > left), TMJ and

bruxism and adjustment disorder with anxiety and depression. Tylenol and Naprosyn were recommended as needed for pain and Cymbalta was recommended to be continued for musculoskeletal pain and depression due to pain. She was to continue yoga, stretching and water exercises and a decision were pending regarding a lumbar MRI. At issue in this review is the prescription of Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Cymbalta 20mg with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant Section Page(s): 15-16.

Decision rationale: At issue in this review is the prescription of Cymbalta. Duloxetine or Cymbalta is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. There is no high quality evidence reported to support the use of Duloxetine for lumbar radiculopathy. (Dworkin, 2007) More studies are needed to determine the efficacy of Duloxetine for other types of neuropathic pain. There is limited documentation of a discussion of efficacy or side effects and given her lumbar and cervical radiculopathy, the records do not support the medical necessity of ongoing use of Cymbalta.