

Case Number:	CM13-0018737		
Date Assigned:	12/11/2013	Date of Injury:	06/27/2011
Decision Date:	01/24/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/30/2013

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 Anesthesiology, has a subspecialty in Pain 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 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 patient is a 53-year-old female who reported injury on 06/27/2011 with a mechanism of injury that was not provided. The patient was noted to be stable on their medication. The patient's medications were noted to include Effexor, temazepam, Xanax, and Sentra AM. The diagnoses were noted to include major depressive disorder, and anxiety disorder. The request was made for 1 prescription of Cymbalta 60 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for 1 prescription of Cymbalta 60 mg #30: 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 Section SNRIs Page(s): 15-19.

Decision rationale: California MTUS guidelines indicate that Cymbalta is FDA-approved for anxiety, depression, and is used off-label for neuropathic pain and radiculopathy but there is no high quality to support the use of duloxetine for lumbar radiculopathy. The clinical documentation submitted for review failed to provide the efficacy of the requested medication.

Additionally, it was noted the patient was no longer taking the medication. Given the above, the request for 1 prescription of Cymbalta 60 mg #30 is not medically necessary.