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| Case Number: | CM13-0042073 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 07/27/2008 |
| Decision Date: | 05/20/2014 | UR Denial Date: | 10/11/2013 |
| Priority: | Standard | Application Received: | 10/16/2013 |

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 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 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 injured worker is a 63 year old man who was seen by his physician in follow up for bilateral foot pain. He reported right ankle and left wrist pain. He has a history of diabetes, hypertension, complex regional pain syndrome in the right foot, distal posterior tibial tendon and achilles tendon. His physical exam was significant for antalgic gait with a cane. He could sit for 15 minutes without limitations or pain. His bilateral feet were guarded with wraps. He had a normal affect with good judgment. His medications Included Tylenol, Gabapentin, Lyrica, Cymbalta and Lidoderm Film, Ketoconazole cream and Voltaren gel. His diagnoses were reflex sympathetic dystrophy of lower limb, tenosynovitis distal posterior tendon and Achilles tendon, thickening and scarring of anterior talofibular ligament and effusion of left ankle and subtalar joint and bilateral Achilles tendonitis. At issue in this review is the refill of Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 DAY SUPPLY OF CYMBALTA (DULOXETINE) DELAYED RELEASE, 20 MG CAPSULE, 1 CAPSULE PER DAY ORALLY, FOR THE RIGHT FOOT/ANKLE (30 CAPSULES): 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 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. The records show no documentation of a discussion of efficacy or side effects and whether the pain is related to diabetes or his work related injury. He also received other medications targeting neuropathic pain including Lyrica and Gabapentin. The records do not support the medical necessity of ongoing use of Cymbalta.