

Case Number:	CM13-0047854		
Date Assigned:	12/27/2013	Date of Injury:	04/21/2011
Decision Date:	02/19/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/04/2013

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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:

This patient is a 34 year old female with date of injury 4/21/11. The mechanism of injury is described as repetitive use injury to the upper back, neck and right upper extremity. The patient has complained of upper back, neck and right upper extremity pain since the date of injury. She has also complained of subsequent depression resulting from continued pain. Treatments thus far have included corticosteroid injections, acupuncture, physical therapy, trigger point injections, medications and psychotherapy. MRI of the right shoulder performed in 01/2013 showed mild supraspinatus and infraspinatus tendinosis. Objective: decreased range of motion of the right shoulder and cervical spine, decreased sensation to light touch, pinprick and temperature in the C5-8 dermatomes right upper extremity and mild decrease in range of motion of the left shoulder. Diagnoses: cervicalgia, radiculitis cervical spine, right shoulder pain. Treatment plan and request: medication management visits (12 units).

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Management Visits QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta, Cymbalta, UpTo Date Medication Monitoring. Page(s): 43-44.

Decision rationale: This 34 year old female has complained of upper back, neck and right upper extremity pain since date of injury and more recently has complained of depression. In 10/2013 she was initiated on Cymbalta therapy 20 mg twice daily for the treatment of depression and a request for monthly visits for 1 year for monitoring of this medication was made. Per the MTUS guidelines cited above, Cymbalta is indicated for the treatment of major depression; however guidelines for monitoring the use of this medication are not stated. Per other evidence based medical guidelines cited above, Cymbalta (duloxetine) therapy does not require monthly monitoring for 12 months after initiation. The current recommendation states that patients started on duloxetine should be observed for clinical worsening and suicidality during the first few months of initiating therapy and also at times of drug dose changes, either an increase or a decrease in medication. There is no medical documentation provided in the available records explaining why monthly visits to monitor duloxetine therapy are needed. On the basis of the currently accepted medical standards, monthly visits for 1 year (12 units) for monitoring of medication are not indicated as medically necessary.