

Case Number:	CM13-0055198		
Date Assigned:	12/30/2013	Date of Injury:	12/02/2011
Decision Date:	04/30/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/20/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 12/2/11. A utilization review determination dated 11/1/13 recommends modification of Cymbalta from an unspecified amount to up to #30. It references a 10/21/13 medical report identifying that Activities of Daily Living (ADL)s are increased by 50% with medication use, opioid intake was decreased, and anxiety and depression were decreased. On exam, there is decreased cervical spine Range of Motion (ROM), C6 distribution numbness, and thenar abductors 4/5 bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) prescription of Cymbalta 40mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: CA MTUS states that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment.

Within the documentation available for review, there is documentation of improvement in pain, function, anxiety, and depression. Continued use of Cymbalta appears appropriate. However, the current request is for an unspecified amount of the medication and the utilization review appropriately modified the medication to #30. Guidelines do not support the open ended prescription of Cymbalta and there is no provision to modify the current request. In light of the above issues, the currently requested 1 prescription of Cymbalta 40mg is not medically necessary.