

Case Number:	CM13-0058842		
Date Assigned:	12/30/2013	Date of Injury:	03/22/2001
Decision Date:	03/20/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/27/2013

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 64 year old woman with a date of injury of 3/22/01. She had diagnoses of myalgia, myositis and polymyalgia rheumatica. She is status post right shoulder arthroscopy, subacromial decompression, distal clavicle resection and debridement of partial thickness rotator cuff tear in 12/08. She was seen by her primary treating physician on 10/16/13 for "continued total body pain, chronic fatigue, problem sleeping, 'morning gel phenomenon-minutes, no new joint swelling, depression worse and pains as well." Her physical exam showed 'tender points, depressed' but no new joint swelling, no rheumatoid arthritis deformities and a normal neurologic exam. The treatment plan was to start Cymbalta and stop Sentraflox when this comes but in the meantime to continue Sentraflox and Sentyrazolpidem. The medications are at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Cymbalta 60mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment for Workers' Compensation, Online Edition, Chapter: Pain.

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. There is no documentation of a discussion of possible side effects, especially insomnia and she already has difficulty with sleep. Given her diagnoses of myalgia, myositis and polymyalgia rheumatica, the records do not support the medical necessity of Cymbalta instead of her current medications.

One-month supply of Sentrazolpidem: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate: drug - Zolpidem

Decision rationale: Per Uptodate, Zolpidem is used for the short-term treatment of insomnia (with difficulty of sleep onset). In this injured worker, it appears that this treatment has been ongoing and is not short term. There is no documentation of a discussion of efficacy or side effects and the records do not support the medical necessity of continued Sentrazolpidem.

One-month supply of Sentraflox: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

Decision rationale: Per the MTUS, SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain. This injured worker is prescribed Sentraflox or Fluoxetine which is an SSRI and this was to be substituted with Cymbalta. It is not clear why Fluoxetine was continued and the records do not support the medical necessity or efficacy of this medication.