

Case Number:	CM13-0061415		
Date Assigned:	12/30/2013	Date of Injury:	05/09/2008
Decision Date:	05/16/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/05/2013

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 Inteventional Spine, 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:

The patient is a 59-year-old, with date of injury 05/09/08. Per supplemental agreed medical examiner (AME) report 05/11/13, on medical review from 05/19/11 the patient has continued left knee pain and ambulates with a cane. She also struggles with depression and has bilateral hand pain. The listed diagnoses are: 1. Recurrent carpal tunnel syndrome, Electromyography (EMG) Bilateral upper extremities 09/13/2011 shows mild bilateral residual median neuropathy at carpal tunnel. Status post Right carpal tunnel release in 2003. Status post left carpal tunnel release 2007. 2. Status post torn rotator cuff, surgically treated in December 2007. 3. Status post right ankle surgery 1974, non-industrial. 4. Thoracic spondylosis 5. Multi-level cervical disc disease 6. Left internal derangement of knee. Status post left knee arthroscopy 12/10/08. MRI(magnetic resonance imaging) left knee 09/19/2011 medial and lateral meniscal tears and severe osteoarthritis. 7. Depression Per supplemental report medical record review, the patient had limited range of motion to left knee and swelling. The patient walks with a cane. The patient has tried physical therapy, aqua therapy, steroid injections, and bracing. The request is for Cymbalta 60mg BID #60. Utilization review letter disputed is dated 11/15/13. The reports included in the file were two AME reports from 11/05/11 to 05/11/13

IMR ISSUES, DECISIONS AND RATIONALES

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

PHMARCY PURCHASE OF CYMBALTA 60 MG #60 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) Page(s): 15-16.

Decision rationale: This patient presents with bilateral upper extremity numbness, left knee and right ankle pain. The request is for Cymbalta 60mg BID (twice a day) #60 with 2 refills. This patient is status post left knee arthroscopy 12/10/08, bilateral carpal tunnel release, right (2003) and left (2007). Updated electromyography (EMG) of upper extremities on 09/13/2011 shows mild bilateral residual median neuropathy. The request was denied by utilization review letter dated 11/15/13. The rationale was there was no recent report documenting symptoms and physical exam findings. For Selective serotonin and nor-epinephrine reuptake inhibitors, the MTUS guidelines recommend that Cymbalta is "Food and Drug Administration (FDA) - approved for anxiety, depression, diabetic neuropathy, and fibromyalgia." It is also used off-label for neuropathic pain and radiculopathy. However per MTUS, "Cymbalta 60 mg once a day as an off-label option for chronic pain syndromes." In this case, the request is for authorization of Cymbalta 60mg two times daily. The MTUS recommends once a day dosing for chronic pain syndromes and neuropathy. Therefore, the requested Cymbalta 60mg BID #60 is not consistent with the guidelines. An alternative dosing of Cymbalta 60mg #30 is recommended for chronic neuropathic pain. The recommendation is for denial.