

Case Number:	CM13-0064476		
Date Assigned:	01/03/2014	Date of Injury:	01/20/2010
Decision Date:	04/03/2014	UR Denial Date:	11/30/2013
Priority:	Standard	Application Received:	12/11/2013

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 Physical Medicine and Rehabilitation 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 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:

According to the records made available for review, this is a 60-year-old male with a 1/20/10 date of injury. At the time of request for authorization for retrospective Cymbalta 30mg between 11/26/13 and 11/26/13 and retrospective Cymbalta 60mg between 11/26/13 and 11/26/13, there is documentation of subjective (bilateral upper extremity pain, and bilateral wrist and bilateral hand paresthesias) and objective (decreased range of motion of the left shoulder and cervical spine, decreased grip strength of the left hand, and positive Phalen's and Tinel's signs bilaterally) findings, current diagnoses (chronic neuropathic pain), and treatment to date (Cymbalta (unknown duration) with demonstrated benefit). Plan indicates Cymbalta for neuropathic pain. There is no documentation of objective findings of neuropathic pain

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cymbalta 30mg between 11/26/13 and 11/26/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Duloxetine (Cymbalta)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state Cymbalta is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of depression, generalized anxiety disorder, pain related to diabetic neuropathy, or fibromyalgia, as criteria necessary to support the medical necessity of Cymbalta. ODG identifies Cymbalta is recommended as an option in first-line treatment of neuropathic pain. Within the medical information available for review, there is documentation of a diagnosis of chronic neuropathic pain, a plan indicating Cymbalta for neuropathic pain, and demonstrated benefit with previous use. In addition, there is documentation of subjective findings of neuropathic pain (bilateral wrist and bilateral hand paresthesias). However, given documentation of objective findings (decreased range of motion of the left shoulder and cervical spine, decreased grip strength of the left hand, and positive Phalen's and Tinel's signs bilaterally), there is no documentation of objective findings of neuropathic pain. Therefore, based on guidelines and a review of the evidence, the request for retrospective Cymbalta 30mg between 11/26/13 and 11/26/13 is not medically necessary.

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MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Duloxetine (Cymbalta)

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