

Case Number:	CM13-0068168		
Date Assigned:	01/03/2014	Date of Injury:	11/05/2012
Decision Date:	04/21/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/19/2013

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 & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 patient is a 55-year-old female who reported an injury on 11/05/2012. The mechanism of injury involved a fall. The patient is currently diagnosed with left ankle/foot sprain, right 5th and 2nd finger sprain, lumbar spine musculoligamentous sprain with radiculitis, right upper extremity contusion, right shoulder impingement syndrome, and cervical spine sprain/strain. The patient was seen on 12/19/2013. The patient reported increasing left lateral foot pain. Current medications include Cymbalta 30 mg, Mobic 7.5 mg, Neurontin 600 mg, and Robaxin. The patient reported 6/10 pain with medication. Physical examination on that date revealed tenderness to palpation over bilateral paravertebral muscles, trigger points with a twitch response, decreased cervical range of motion, tenderness over the par scapular and levator scapular muscles, positive cross arm testing and impingement testing, diminished right shoulder range of motion, tenderness to palpation with muscle spasm over the bilateral paravertebral musculature in the lumbar spine, positive straight leg raising, decreased lumbar range of motion, and decreased sensation along the L4 to S1 dermatomal distribution. Treatment recommendations included authorization for an ergonomic assessment of work station, trigger point injections, and continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs. .

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

Decision rationale: California MTUS Guidelines state antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Cymbalta is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used off label for neuropathic pain and radiculopathy. As per the documentation submitted, the patient has utilized this medication since 2012. Despite ongoing use, the patient continues to report increasing pain with radiation to bilateral lower extremities. The patient reports a 6/10 pain with medication. There is no change in the patient's physical examination that would indicate functional improvement. Satisfactory response to treatment has not been indicated. Therefore, the request is non-certified.