

Case Number:	CM14-0000799		
Date Assigned:	01/22/2014	Date of Injury:	04/24/2008
Decision Date:	04/29/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/02/2014

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 Occupational Medicine 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 an employee of [REDACTED], [REDACTED], and has submitted a claim for head, neck, arm, and shoulder pain with an industrial injury date of April 24, 2008. Treatment to date has included rotator cuff surgery, injections, physical therapy, home exercise, TENS, acupuncture, and medications, which included Lyrica, Zonegran, Norco, Conzip, Ambien, and Cymbalta (duloxetine) 30 mg twice daily, which was found to be effective in reducing the patient's pain. Utilization review from December 23, 2013 denied the request for one-month supply of duloxetine capsules 30 mg between 12/18/2013 and 2/1/2014 because the clinical information submitted for review failed to meet the evidence based guidelines for the requested service. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of persistent head, neck, arm, and shoulder pain. On physical examination, the patient showed atrophy on the pectoralis muscle on the right side. There was limited range of motion of the right shoulder and there was evidence of subacromial bursitis, right thenar atrophy, progressive arthritic change, and contracture, and muscular atrophy of the arms with synovial ganglion cyst development in the left flexor hallucis brevis. Profound hyperalgesia and allodynia was present in a location consistent with either the C5 dermatome or the medial branch at around C3-C4 or C5-C6 on the left side. There was also significant radiculopathy with profound loss of light touch and pinprick sensation at C5 and C7 dermatomes. The cervical facet joints at C3-4, C4-5, and C5-6 were tender upon palpation with limited rotation and extension of the head.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) month supply of Duloxetine capsules 30 mg between 12/18/2013 and 2/1/2014:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15, 105.

Decision rationale: According to pages 15 & 105 of the Chronic Pain Medical Treatment Guidelines, selective serotonin and norepinephrine reuptake inhibitors (SNRIs) are recommended as an option in first-line treatment of neuropathic pain. Duloxetine, in particular is recommended as a first-line option for diabetic neuropathy but more studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. In this case, although pain relief was documented with the use of duloxetine, objective evidence such as functional improvement was not reported. In addition, the patient is currently taking other pain medications, which could have also provided reduction in pain. Furthermore, the indication for duloxetine was not documented in the medical records. Therefore, the request for One (1) month supply of Duloxetine capsules 30 mg between 12/18/2013 and 2/1/2014 is not medically necessary.