

Case Number:	CM14-0003066		
Date Assigned:	01/29/2014	Date of Injury:	07/08/2010
Decision Date:	06/19/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/08/2014

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 Neuromuscular Medicine, and is licensed to practice in Maryland. 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 40 year old male with a date of injury 7/8/10. He has diagnoses of electric shock to the right index finger and probable exit through the right thigh with loss of consciousness and persistent right arm and thigh pain; persistent right neck pain after shock; lumbar spine sprain/strain with MRI evidence of L5-S1 neuroforaminal narrowing on the exiting L5 nerve root, posttraumatic headaches likely myofascial; depression and PTSD; elevated liver function tests on 8/27/13 testing. There is a request for the medical necessity of Cymbalta which the patient takes for neuropathic pain. There is a 9/25/13 document from the pain management physician which states that the patient still has low back pain but it is less. There is cervical spine pain which affects the right arm. The patient has burning, electrical shocking pain down the right arm. The patient uses Cymbalta and Neurontin for neuropathic pain. He has a 30% improvement with his medications and can perform activities of daily living. On physical exam he ambulates with a cane. There is tenderness in the paracervical, thoracic and lumbar spine. His straight leg raise is negative bilaterally. There is decreased lumbar range of motion. There is 5/5 strength in both tibialis anterior, peroneus longus/brevis, and the extensor hallucis muscles. Patellar reflexes are 2+ bilateral and Achilles 1+ bilaterally. There is normal sensation in the legs.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 CAPSULES OF CYMBALTA 60MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, DULOXETINE (CYMBALTA), 15

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines : AED- outcomes. Duloxetine (Cymbalta®) Page(s): 17 and 43-44.

Decision rationale: The request for 30 capsules of Cymbalta #60 is not medically necessary according to the MTUS guidelines. The guidelines indicate that the continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. The guidelines also indicate that the new labeling of Cymbalta extends the precaution against using Cymbalta in patients with substantial alcohol use to include those patients with chronic liver disease. It is recommended that Cymbalta not be administered to patients with hepatic insufficiency. The employee has a diagnosis of elevated liver function tests; therefore this medication is not medically appropriate or necessary. The request for 30 capsules of Cymbalta #60 is not medically necessary.