

Case Number:	CM14-0102261		
Date Assigned:	07/30/2014	Date of Injury:	07/14/2004
Decision Date:	10/06/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/02/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 58 year old female injured on 07/14/04 due to repetitive use of upper extremities. Previous diagnoses included cervical myelopathy with bilateral C6 cervical radiculopathy, muscle spasm, chronic pain, headache, urinary incontinence, depression, bilateral carpal tunnel syndrome status post release bilaterally, cervical dystonia, chronic low back pain, and fibromyalgia. Clinical note dated 06/16/14 indicates the injured worker presented complaining of diffuse pain. Objective findings included fibromyalgia with trigger points. Diagnosis is listed as fibromyalgia secondary to cervical radiculopathy and carpal tunnel syndrome. Treatment plan included Cymbalta 60 mg #60 1 tablet po bid with 12 refills. No additional documentation was submitted for review. The initial request for Cymbalta 60 mg #60 with 12 refills was non-certified on 06/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #60 with 12 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 44.

Decision rationale: As noted on page 44 of the Chronic Pain Medical Treatment Guidelines, Cymbalta is recommended as an option in first-line treatment of neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, with effect found to be significant by the end of week 1. The request for 12 refills is excessive and does not allow for evaluation of injured worker status and medication efficacy. As such, the request for Cymbalta 60mg #60 with 12 refills cannot be recommended as medically necessary.