

Case Number:	CM14-0104693		
Date Assigned:	07/30/2014	Date of Injury:	01/25/1996
Decision Date:	09/23/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/07/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 61-year-old individual was reportedly injured on 1/25/1996. The mechanism of injury was noted as a slip and fall. The most recent progress note, dated 8/9/2014, indicated that there were ongoing complaints of neck pain, right upper extremity pain, and upper back pain. The physical examination demonstrated cervical spine limited range of motion with positive tenderness to palpation along paraspinal muscles from C2-C5. Muscle spasm was noted on the right neck and upper back. Cervical compression test positive for pain bilaterally in the upper cervical region and upper thoracic region. Jackson's maneuver was positive on the left. Jackson's lateral flexion compression of the cervical spine produced significant referred pain bilaterally to the shoulders opposite lateral flexion. Right wrist range of motion was within normal limits. Positive Tinel's sign on the right for possible carpal tunnel. Positive reversed Phalen's sign on the right. Right hand was noticeably colder when compared to the left in room temperature. Diagnostic imaging studies mentioned an MRI of the thoracic spine, dated 6/4/2014, which revealed bulging of discs at multiple levels; however, it is most prominent at T8-T9 right greater than left. Protrusions were noted at T6-T7. There was also posterior bulging at T1-T2. Previous treatment included previous surgeries, medications. A request had been made for Cymbalta 60 mg #90 and was not certified in the pre-authorization process on 6/6/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mgs #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93.

Decision rationale: Cymbalta (duloxetine) Cymbalta is a selective serotonin and norepinephrine reuptake inhibitor. It is recommended as a first-line option for diabetic neuropathy. Though increasing off label use of this medication exists for various pain syndromes, the current clinical indication is for anxiety, depression, diabetic neuropathy, and fibromyalgia. When noting that the record does not reflect that the claimant has any of these conditions, then there would be no clinical indication to support the use of Cymbalta. Therefore, this request is not medically necessary.