

Case Number:	CM14-0105688		
Date Assigned:	07/30/2014	Date of Injury:	11/26/2012
Decision Date:	10/02/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/08/2014

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 Family 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:

This is a 68-year-old female with a 11/26/12 date of injury. She injured her bilateral knees, wrists, elbows, forearms, head, face, and neck as the result of a slip and fall injury. According to a 7/8/14 appeal note, the patient was requesting a medical legal report appealing the denial of her Cymbalta. The patient reported her pain as a 6/10 on the VAS. The provider stated that Cymbalta is being requested to treat the patient's depressed mood secondary to industrial pain and disability, and as an adjunct to treat her left shoulder pain. Cymbalta provided 30% decrease of the patient's pain with 30% improvement of the patient's activities of daily living such as self-care and dressing. Objective findings: tenderness upon palpation of the left shoulder, alert and oriented with normal mood and affect, decreased sensation to touch at the left shoulder, left anterior bicep, and left wrist. Diagnostic impression: left shoulder internal derangement and recurrent tear, bilateral knee contusions, bilateral wrist sprain, cervical strain, status post left shoulder surgery, left rotator cuff tear, left shoulder sprain/strain. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 6/26/14 denied the request for Cymbalta. The information provided does not establish if cited guidelines are met and that there is medical necessity for Cymbalta use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60 mg, sixty count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain: Antidepressants for Chronic Pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 15-16.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia; is used off-label for neuropathic pain and radiculopathy, and is recommended as a first-line option for diabetic neuropathy. It is noted upon physical exam that the patient had decreased sensation to touch at the left shoulder, left anterior bicep, and left wrist. The provider stated that Cymbalta is being requested to treat the patient's depressed mood secondary to industrial pain and disability, and as an adjunct to treat her left shoulder pain. Cymbalta provided 30% decrease of the patient's pain with 30% improvement of the patient's activities of daily living such as self-care and dressing. Guidelines support the use of Cymbalta for neuropathic pain. Therefore, the request for Cymbalta 60 mg, sixty count, is medically necessary and appropriate.