

Case Number:	CM14-0113647		
Date Assigned:	09/18/2014	Date of Injury:	12/10/2002
Decision Date:	10/16/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/21/2014

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 Geriatrics and is licensed to practice in New York. 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 woman with a date of injury of December 10, 2002. She was seen by her provider on August 26, 2014 with complaints of neck pain radiating to her right arm with pain and depressive symptoms. A cervical MRI from 6/12 showed disc bulges and osteophyte complexes at all levels. Her exam was significant for cervical lordosis, pain with range of motion of the cervical spine, especially extension and lateral bending to 30 degrees. Spurling's maneuver to the right caused discomfort with radiation to the shoulder and medial scapular border. Her right shoulder showed discomfort with palpation of the distal AC joint and subacromial space. She could flex to 160 degrees and abduct to 140 degrees. Her motor strength was intact and her reflexes were 2. Her diagnoses were cervical disc degeneration and neck pain, possible cervical radiculopathy, right shoulder pain; rotator cuff tendinitis improved after surgery and chronic myofascial pain; cervical spine and right shoulder girdle. The note indicates that she has responded to Cymbalta for years and her mood is maintained without 'significant adverse effects'. At issue in this review is the renewal of Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 20 mg, thirty count with three refills: Upheld

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

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

Decision rationale: At issue in this review is the prescription of Cymbalta. Duloxetine or Cymbalta is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is used off-label for neuropathic pain and radiculopathy. There is limited documentation of a discussion of efficacy or side effects as a treatment for 'possible cervical radiculopathy', shoulder pain and myofascial pain. The records do not support the medical necessity of ongoing use of Cymbalta. Therefore, the request for Cymbalta 20 mg, thirty count with three refills, is not medically necessary or appropriate.