

Case Number:	CM14-0120981		
Date Assigned:	08/06/2014	Date of Injury:	09/19/2011
Decision Date:	09/11/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/31/2014

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:

The patient is a 33 year-old woman who was injured at work on 9/19/2011. The injury was primarily to her neck. She is requesting review of denial for Cymbalta 30 mg BID for the treatment of neuropathy. Medical records corroborate ongoing care for her injuries. Her chronic diagnoses include: Cervical Sprain/Strain; Bilateral Shoulder Sprain/Strain; C5-6 Cervical Disc Protrusion; Bilateral Cervical Radiculitis; Cervicogenic Tension Headache; Rule Out Thoracic Outlet Syndrome; Severe Intractable Myofascial Pain Syndrome. Medications (based on the 5/28/2014 visit) include: Lyrica, Lorazepam, Norco, and Cymbalta. She has been treated with chiropractic care, acupuncture, physical therapy, ice/heat, work restrictions and has been referred to an Orthopedist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg BID #60 for Neuropathy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta).

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of antidepressants, such as Cymbalta for neuropathic pain. They are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Based on a review of the medical records there is insufficient documentation to indicate that this patient has neuropathic pain. The physical examination and the diagnostic impression from the 5/28/2014 visit does not indicate that the patient's pain syndrome is neuropathic in nature. There is no evidence that the patient had been given a trial of tricyclic antidepressants or that there is a contraindication to their use. There is no evidence of an ongoing assessment of treatment efficacy including not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Under these conditions, the use of Cymbalta is not considered as medically necessary.