

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0122404 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 04/22/2009 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 07/17/2014 |
| Priority: | Standard | Application Received: | 08/04/2014 |

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 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 72-year-old female who reported an injury on 04/22/2009. The mechanism of injury was not provided. On 06/19/2014, the injured worker presented with pain. She came in for followup for complex regional pain syndrome in the right leg, intermittent swelling of her leg and foot along with continued hypersensitivity. She ambulated with the use of a cane. There was some difficulty in full extension and complete flexion of the knee and there was noted swelling about her foot, making it difficult for her to use her regular shoes. Current medications included Lidoderm. The diagnoses were reflex sympathetic dystrophy of the lower limb and artificial joint replacement of the knee. The provider recommended Cymbalta for chronic pain to the right knee. The Request for Authorization form was dated 12/24/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30 mg 1 daily #30 with 3 refills for chronic pain to right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-18, 43-44,111-113. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43.

Decision rationale: The California MTUS Guidelines recommends Cymbalta as an option for first line treatment of neuropathic pain. Assessments of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration and psychological assessment. There is lack of evidence of an objective assessment of the injured worker's pain level. Furthermore, there is lack of documented evidence of efficacy of the injured worker's medication. The frequency of the medication was not provided in the request as submitted. As such, medical necessity for the request has not been established.