

Case Number:	CM14-0134844		
Date Assigned:	08/29/2014	Date of Injury:	11/09/2011
Decision Date:	09/26/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/22/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 55-year-old female with a 11/9/11 date of injury. At the time (7/28/14) of request for authorization for Cymbalta 30 Mg (Quantity Requested Includes One Refill) Quantity Requested: 720.00 Certified: 180.00 and Celebrex 200 Mg (Quantity Requested Includes 4 Refills) Quantity Requested: 150.00 Certified 60.00, there is documentation of subjective (back, neck, and right upper extremity pain) and objective (not specified) findings, current diagnoses (neck pain, low back pain, thoracic outlet syndrome, and right shoulder pain), and treatment to date (medications (including Tramadol, Percocet, Lovenox, Motrin and ongoing treatment with Celebrex since at least 5/20/14), physical therapy, chiropractic therapy, and acupuncture). Medical report identifies that Celebrex decreases pain. Regarding Cymbalta, there is no documentation of depression, generalized anxiety disorder, or pain related to diabetic neuropathy. Regarding Celebrex, there is no documentation of high-risk of GI complications with NSAIDs; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Celebrex use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30 Mg (Quantity Requested Includes One Refill) Quantity Requested: 720.00 Certified: 180.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Depressants for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Antidepressants for chronic pain.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state Cymbalta is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of depression, generalized anxiety disorder, or pain related to diabetic neuropathy, as criteria necessary to support the medical necessity of Cymbalta. Within the medical information available for review, there is documentation of diagnoses of neck pain, low back pain, thoracic outlet syndrome, and right shoulder pain. However, there is no documentation of depression, generalized anxiety disorder, or pain related to diabetic neuropathy. Therefore, based on guidelines and a review of the evidence, the request for Cymbalta 30 Mg (Quantity Requested Includes One Refill) Quantity Requested: 720.00 Certified: 180.00 is not medically necessary.

Celebrex 200 Mg (Quantity Requested Includes 4 Refills) Quantity Requested: 150.00 Certified 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of high-risk of GI complications with NSAIDs, as criteria necessary to support the medical necessity of Celebrex. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of neck pain, low back pain, thoracic outlet syndrome, and right shoulder pain. In addition, there is documentation of ongoing treatment with Celebrex. However, there is no documentation of high-risk of GI complications with NSAIDs. In addition, despite documentation that Celebrex decreases pain, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Celebrex use to date. Therefore, based on guidelines and a review of the evidence, the request for Celebrex 200 Mg (Quantity Requested Includes 4 Refills) Quantity Requested: 150.00 Certified 60.00 is not medically necessary.

