

Case Number:	CM14-0170902		
Date Assigned:	10/23/2014	Date of Injury:	01/14/2011
Decision Date:	11/21/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/16/2014

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 & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 60 year old female with an injury date on 01/14/2011. Based on the 09/15/2014 progress report provided by [REDACTED], the diagnoses are: 1.RSD upper extremity 2.Major Depression According to this report, the patient complains "left shoulder pain continues unabated." The patient mentions that "she is becoming significantly depressed." Physical exam reveals a decreased range of motion of the left shoulder. "CES-D depression screener was administered on this occasion which registered 44 out of 60 parameters indicating a possibility of a major depression." The 05/19/2014 report indicates the patient's pain varies between 3-5/20. There were no other significant findings noted on this report. The utilization review denied the request on 09/26/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/31/2014 to 09/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

Decision rationale: According to the 09/15/2014 report by [REDACTED] this patient presents with "left shoulder pain continues unabated" and "depressed." The treater is requesting to start Cymbalta. For Cymbalta, the MTUS Guidelines page 16 and 17 states, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used for off-label neuropathic pain and radiculopathy. Duloxetine is recommended as a first line option for diabetic neuropathy." In this case, the patient is prescribed Cymbalta for depression for the first time. For continued use, medication efficacy would need to be documented. Given the patient's depression and chronic pain, Cymbalta is appropriate to try. Therefore, the request for Cymbalta is medically necessary and appropriate.