

Case Number:	CM14-0178457		
Date Assigned:	10/31/2014	Date of Injury:	10/13/1998
Decision Date:	12/09/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/28/2014

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 Texas and Oklahoma. 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 56-year-old female who reported an injury on 10/13/1998. The mechanism of injury was not submitted for clinical review. Diagnoses included dysrhythmic disorder, pain in the shoulder region, and cervicgia. Previous treatments included medication, a TENS unit, heat, and ice. Within the clinical note dated 10/06/2014, it was reported the injured worker complained of neck pain. The injured worker complained of right arm, shoulder, and cervical pain. She rated her pain 6/10 in severity. The medication regimen included Trazodone, Lidoderm, Cymbalta, Norco, and Baclofen. Upon physical examination, the provider indicated the injured worker was able to raise from a seated position without difficulty. The injured worker ambulated without assistance. A request was submitted for Cymbalta. However, a rationale was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cymbalta 60 mg #60 with 2 refills take 1 capsule 2 times a day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM- <https://www.acoempracguides.org/> Cervical and Thoracic Spine; Table 2, Summary of Recommendations, Cervical and ThoracicSpine Disorders; ACOEM- <https://www.acoempracguides.org/> Shoulder; Table 2, Summary of Recommendations, Shoulder Disorders; Goodman and Gilman's The Phannacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010

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

Decision rationale: The request for 1 Cymbalta 60 mg #60 with 2 refills take 1 capsule 2 times a day is not medically necessary. The California MTUS Guidelines recommend Cymbalta as an option for the first line treatment of neuropathic pain. It has FDA approval for the treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy. There is a lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. Additionally, the clinical documentation submitted had no indication the injured worker is treated for neuropathic pain. Therefore, the request is not medically necessary.