

Case Number:	CM14-0020460		
Date Assigned:	02/21/2014	Date of Injury:	03/18/1998
Decision Date:	08/06/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/19/2014

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 Occupational 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:

Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 01/21/2014, showed bilateral occipitofrontal/occipital and retro-orbital headaches. The worse pain was in the suboccipital region bilaterally. There was bilateral neck pain with stiffness. There was occasional spasms and stiffness. She has increased pain with coughing, sneezing, straining. The pain was described as burning, electrical, sharp, tight associated with stiffness, spasms, tingling, sensitivity to touch. Pain affected her quality of life and has difficulty falling asleep. Physical examination revealed supple neck with normal range of motion. Spurling's sign was negative. There was full range of motion for the extremities. There was no suboccipital/occipital tenderness bilaterally. There was no muscle spasms noted. Facet loading test was negative while facet tenderness was absent. There was full range of motion for the spine. No motor weakness noted. The patient has a past medical history of depression. Treatment to date has included ACDF C5-C6 and C6-C7, radiofrequency lesioning, physical therapy and acupuncture treatment, epidural steroid injections, TENS, and medications such as Cymbalta prescribed January 2014. Utilization review from 02/05/2014 denied the request for the purchase of Cymbalta 60mg #30 with refills because there was no discussion regarding Cymbalta. There was an allusion to a diagnosis of depression as being in dispute, but no clinical discourse or details about the depression was provided. There was no mention of antidepressants and chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYMBALTA 60MG (#30) WITH TWO (2) REFILLS: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta), pages Page(s): 15-16.

Decision rationale: As stated on pages 15-16 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia; is used off-label for neuropathic pain and radiculopathy; recommended as a first-line option for diabetic neuropathy; and has no high quality evidence to support use for lumbar radiculopathy. In this case, patient was prescribed Cymbalta since January 2014. The rationale for this request was for adjuvant medication for chronic pain syndrome. Clinical manifestations are consistent with neuropathy. Furthermore, the patient has a past medical history of depression, which is an approved indication for its use. The medical necessity was established. Therefore, the request for Cymbalta 60mg #30 with 2 refills is medically necessary.