

Case Number:	CM14-0030421		
Date Assigned:	06/20/2014	Date of Injury:	12/17/2012
Decision Date:	07/23/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/10/2014

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, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 55 year old male whose injury occurred on 12/17/12. He was struck on the right shoulder and neck by a bale of hay that weighed approximately 95 pounds. Subsequently, immediate neck and shoulder pain is noted. The injured was able to work on modified duty at [REDACTED] in [REDACTED]. Completion of physical therapy for a total of 12 sessions under two different prescriptions. There were no injections in the right shoulder and pain rated at 7-8/10. He had increase in his trapezial pain with neck rotation both ways. He also complained of some medial clavicular pain. Pain at rest, and pain with activity is noted. Cymbalta was used for pain relief on this date of service on 04/04/14, there was no documentation of how much relief there was with Cymbalta. MRI of right shoulder dated 07/10/13 large 12x7mm bursal surface partial tear extending deeply into the supraspinatus tendon. Supraspinatus tendon was markedly thickened with intermediate signal intensity compatible with severe tendinopathy. No complete tear was identified at this time. There was no partial retraction. Infraspinus showed marked tendinopathy with intermediate signal intensity throughout the infraspinus tendon. Infraspinus tendon measured 9mm in thickness. The subscapular showed tendinopathy superior margin of subscapularis tendon. No evidence of a tear. Teres minor was normal. Biceps tendon remained within the intertubercular groove. Biceps labral anchor was intact. Most recent note dated 06/11/14 subjective complaints, injured worker was awaiting arthroscopic surgery with treating physician. The injured was awaiting cardiac clearance since there was questionable EKG changes. Pain was currently a 7/10 and he was using MS Contin 15mg daily. The injured continued to have significant limitation of range of motion. Physical examination tenderness to palpation. Range of motion abduction and internal rotation mildly decreased. External rotation significantly decreased. Diagnoses internal derangement of right shoulder. The injured worker had been on different pain medication and

was currently on MS Contin, he had been on different non-steroidal anti-inflammatories. There was mention in the records of trial of Nortriptyline but there was no note of any increase in function or decrease in pain. Only saw two notes regarding Cymbalta and again there was no documentation of increase in function or decrease in pain. The request was for Cymbalta 30mg #30 with three refills. Prior utilization review on 03/03/14 modified Cymbalta to #30 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #30 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine, page(s) 43 Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cymbalta® (duloxetine).

Decision rationale: The request for Cymbalta 30mg #30 with three refills is not medically necessary. The clinical documentation submitted for review does not support the request. There was mention in the records of trial of Nortriptyline but there was no note of any increase in function or decrease in pain. Only saw two notes regarding Cymbalta and again, there was no documentation of increase in function or decrease in pain. Therefore, medical necessity has not been established. The request is not medically necessary and appropriate.