

Case Number:	CM14-0030588		
Date Assigned:	06/20/2014	Date of Injury:	08/07/2001
Decision Date:	07/21/2014	UR Denial Date:	02/20/2014
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, 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 injured worker is a 43 year old female who reported an injury on 08/07/2001 by popping right knee while getting of a chair. She had an exam on 01/30/2014 with complaints of right knee dull, aching pain that was aggravated by physical activity and work duties. The injured worker complained of knee catching, locking, joint swelling, lateral pain and decreased range of motion. There had been no previous physical therapy. The injured worker did walk at home three times a week. Her medication list consisted of Mobic, Gabapentin, Naprosyn, Hydrocodone-acetaminophen and Venlafaxine HCL. Her diagnoses were tobacco disorder, status post arthroscopic left knee effusion, history of ORIF tibia plateau, arthritis, depression, thyroid disease and anxiety disorder. The treatment plan was recommended to apply ice as needed for swelling, weight bearing as tolerated, range of motion as tolerated and follow up after MRI. The request for authorization was signed 06/07/2014. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Prescription Of Cymbalta 60 MG Quantity 60 With Two Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

Decision rationale: The request for Cymbalta 60mg #60 with two refills is not medically necessary. The California MTUS guidelines that Cymbalta is approved for anxiety, depression, diabetic neuropathy and fibromyalgia. The guidelines recommend an assessment of treatment efficacy to include pain outcomes, evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. There was no evidence of a psychological assessment and there was a lack of documentation regarding pain assessment and evaluation. There was no documentation of functional deficits provided as well. Therefore, the request for Cymbalta is not medically necessary.