

Case Number:	CM14-0032313		
Date Assigned:	08/27/2014	Date of Injury:	08/23/2010
Decision Date:	10/02/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/14/2014

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 Internal Medicine and is licensed to practice in California and Illinois. 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 38 year old male who was injured on 08/23/2010 when he stepped into a hole that he could not see and as a consequence, he sustained a twisting injury to his left knee. Prior medication history included Norco, Ultram, Celebrex, Elavil and Prilosec. Diagnostic studies reviewed include MRI of the left knee dated 04/25/2013 revealed tiny tear to the body of the lateral meniscus extending superiorly. Progress report dated 01/20/2014 states the patient presented for follow-up on his medications. He is utilizing a cane secondary to the left quadriceps atrophy. On exam, he is unable to extend his left knee. There is pain on range of motion of the left knee. Quadriceps muscles are quite atrophied on the left leg. Assessment is status post injury to the left knee with degenerative joint disease, left quadriceps atrophy and suspected peripheral neuropathy leading to the quadriceps atrophy. He reported the Cymbalta 30 mg instead of the Celebrex. Prior utilization review dated 02/11/2014 states the request for Cymbalta 30 mg #30 with 5 refills is denied. No rationale has been provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30 mg #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines elective Serotonin And Norepinephrine Reuptake Inhibitors Page(s): 15-16. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
<http://www.rxlist.com/cymbalta-drug/patient-images-side-effects.htm>

Decision rationale: The guidelines recommend Cymbalta for depression, anxiety, diabetic neuropathy, or fibromyalgia. Cymbalta can also be used for neuropathic pain and radiculopathy. The clinical notes document the patient has a likely component of neuropathic pain. The patient has been on Cymbalta but clinical documentation of improvement was not evident. The clinical documents only stated Cymbalta has worked well for the patient without further details. There was insufficient discussion of improved pain control and level of functioning. There was minimal subjective and objective clinical documentation to support the ongoing use of Cymbalta. Based on the guidelines and criteria as well as the clinical documentation stated above, Cymbalta 30 mg #30 is not medically necessary.