

Case Number:	CM14-0039051		
Date Assigned:	06/27/2014	Date of Injury:	10/29/2009
Decision Date:	08/29/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/03/2014

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 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 49-year-old female who reported an injury on 10/29/2009. The injured worker reportedly suffered a neck and shoulder contusion when she was struck by several falling boxes of frozen food. Current diagnoses include chronic cervicalgia with spondylosis, chronic bilateral shoulder pain, status post left superior labrum anterior-posterior (SLAP) repair on 02/05/2013, and depression. The injured worker was evaluated on 04/22/2014 with complaints of neck and shoulder pain. The current medication regimen includes Fioricet, Tylenol, and Cymbalta. Physical examination was not provided on that date. It was noted that the injured worker completed a functional restoration program. It was also noted that the injured worker appeared fatigued and depressed. Treatment recommendations at that time included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines/Integrated Treatment Guidelines/REED Group/The Medical Disability Advisor.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta
Page(s): 13-16.

Decision rationale: The California MTUS Guidelines state Cymbalta has been FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used off label for neuropathic pain and radiculopathy. As per the documentation submitted, the injured worker has continuously utilized Cymbalta since 03/2014. There was no documentation of objective functional improvement. There is also no frequency listed in the current request. As such, the request is not medically necessary.