

Case Number:	CM14-0040410		
Date Assigned:	07/02/2014	Date of Injury:	07/27/2008
Decision Date:	09/30/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/11/2014

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 and 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 patient is a 64-year-old male who has submitted a claim for reflex sympathetic dystrophy of the lower limb associated with an industrial injury date of 7/27/2008. Medical records from 2013 to 2014 were reviewed. The patient complained of bilateral foot pain, associated with hypersensitivity. Physical examination showed that gait was antalgic. The patient used a cane during ambulation. The patient was able to sit for 15 minutes without any limitations or evidence of pain. No other objective findings were made available. The treatment to date has included aquatic therapy, and medications such as Voltaren gel, topical cream, gabapentin, Cymbalta, Lidoderm patch, and Lyrica (since 2013). Utilization review from 3/6/2014 denied the request for 1 Purchase of Cymbalta delayed-release 20mg, 1 capsule every day (Pill Count: 30 Tablets with 0 Refill) for 30 day supply. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Purchase of Cymbalta delayed-release 20mg, 1 capsule every day (Pill Count: 30 Tablets with 0 Refill) for 30 day supply: Upheld

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) Page(s): 43-44.

Decision rationale: Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI). Pages 43-44 of the California MTUS Chronic Pain Medical Treatment Guidelines state that Duloxetine is recommended as an option in first-line treatment option in neuropathic pain, as well as depression. In this case, patient's clinical manifestations are consistent with neuropathic pain. Cymbalta was prescribed since 2013. However, there was no documentation concerning pain relief and functional improvement derived from its use. Therefore, the request for 1 Purchase of Cymbalta delayed-release 20mg, 1 capsule every day (Pill Count: 30 Tablets with 0 Refill) for 30 day supply is not medically necessary.