

Case Number:	CM14-0043249		
Date Assigned:	06/20/2014	Date of Injury:	02/18/2005
Decision Date:	07/30/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/17/2014

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 New York. 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 claimant is a 49-year-old female who sustained an industrial injury on 02/01/2005. The mechanism of injury was not provided for review. The claimant diagnoses include neck pain, anxiety, and depression. The claimant is status post anterior cervical discectomy and fusion (ACDF) at C5-6, thoracic outlet syndrome surgery, transaxillary first rib resection, lysis and release of subclavian artery and vein, and neurolysis of the brachial plexus, redo neurolysis of the brachial plexus, right-sided lysis of adhesions, supraclavicular scalenectomy and ACDF at C4-C5, and C6-C7. On exam, the cervical region reveals marked tenderness with edema, spasm, positive Adson's test, positive compression test and decreased range of cervical motion. The treating provider has requested Duloxetine (Cymbalta) 30mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine 30mg, two (2) by mouth (PO) in the AM, one (1) by mouth in the PM, #90:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: The requested medication, Duloxetine (Cymbalta) is medically necessary and reasonable. Cymbalta is a serotonin-norepinephrine reuptake inhibitor (SNRI). It is the brand name for Duloxetine. It is prescribed for major depression and generalized anxiety disorder (GAD). Cymbalta also has approval for use in osteoarthritis and musculoskeletal pain. In this case, the documentation indicates the claimant has a diagnosis of depression and chronic pain. The requested medication, Cymbalta has proved beneficial. The medical necessity for the requested item has been established. As such, the request for Duloxetine 30mg, two (2) by mouth (PO) in the AM, one (1) by mouth in the PM, #90 is medically necessary.