

Case Number:	CM14-0055888		
Date Assigned:	06/20/2014	Date of Injury:	10/05/2006
Decision Date:	07/18/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/07/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 46 year old female injured on 10/05/06 due to undisclosed mechanism of injury. The current diagnoses included mild cervical stenosis, left deQuervain tenosynovitis status post surgery, right shoulder arthralgia status post arthroscopy, narcolepsy, and status post gastric bypass and elevated liver enzymes. Clinical documentation dated 11/12/13 indicated the injured worker presented complaining of bilateral knee, shoulder, elbow, and neck pain rated 7-9/10. The injured worker reported use of Morphine Sulphate Instant Release (MSIR) 15mg five times per day, Terocin cream every day, Prilosec 20mg twice a day, and Cymbalta 60mg once per day. These medications decreased her pain enough to allow her to perform housework. The injured worker utilized Prilosec to improve GI upset. The injured worker utilized Cymbalta to control depressive symptoms and carry out daily activities. Clinical note dated 01/28/14 indicated the injured worker presented complaining of neck, right shoulder, and bilateral upper extremities pain. The injured worker also reported continued knee pain. The injured worker was approved for psychiatric evaluation. The injured worker rated her pain on average at 8-9/10. Objective findings included decreased flexion/extension of cervical spine, 4/5 strength left hand, muscle stretch reflexes normal and symmetric bilateral upper extremities, sensation intact bilateral upper extremities and lower extremities, and Spurling test negative bilaterally. The injured worker expressed desire to wean from opiate medications; however, had unsuccessful attempts in the past. Recommendation was made the injured worker be evaluated and monitored by both internal medicine and psychiatry to assist in the weaning process. The injured worker was discontinued from Omeprazole due to non-use of non-steroidal anti-inflammatory drugs, continued on MSIR 15mg every four to six hours, Cymbalta 60mg every day, and Terocin cream as needed. The initial request for Cymbalta 60mg daily was initially non-certified on 02/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60 mg daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Duloxetine (Cymbalta). Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Pain Chapter, Duloxetine (Cymbalta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta), page(s) 44 Page(s): 44.

Decision rationale: Cymbalta is recommended as an option in first-line treatment of neuropathic pain. Duloxetine (Cymbalta) is a Norepinephrine and serotonin reuptake inhibitor antidepressant. It has Food and Drug Administration approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, with effect found to be significant by the end of week 1. The clinical documentation failed to establish the presence of objective findings consistent with neuropathy or depression. As such, the request for Cymbalta 60 mg is not medically necessary.