

Case Number:	CM14-0060138		
Date Assigned:	07/09/2014	Date of Injury:	09/09/2007
Decision Date:	08/29/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/30/2014

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 and Pain Medicine and is licensed to practice in Florida. 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 56-year-old female who reported an injury on 09/09/2007 reportedly while pushing a bunker and fell and slipped on a piece of bacon and pulled her left knee. The injured worker's treatment history included medications, physical therapy, trigger point injections, massage therapy, surgery, and a urine drug screen. The injured worker was evaluated on 03/12/2014 and it was documented the injured worker had increased pain in her left knee and decreased pain in her left hip since her last visit. The provider noted the injured worker stated the Cymbalta had really helped with her pain over the past several years. She had been on this medication since 10/31/2011. Cymbalta 60 mg every morning with reported very good reduction of her pain overall. By taking Cymbalta, she had been able to stay on a lower dose of opiates secondary to the addition. When off Cymbalta, her pain increased in the left knee, left hip, and left hand. The injured worker stated her increased activities of daily living were attributed to her current medications which were Cymbalta, Lidoderm, and Norco. The provider noted physical therapy caused pain and swelling after therapy. The injured worker had undergone injections in the hip that helped for about 3 to 4 months but still required medication management. The provider noted on medications, her pain was decreased to 5/10 and without medication it was a 7/10. The medications included Norco 10/325 mg, Lunesta 2 mg, Cymbalta 60 mg; Lidoderm patches 5%, Voltaren gel 1%, and Paxil 20 mg. The physical examination of the lumbar spine revealed tenderness to palpation over the right greater trochanter bursa and left lateral hip. Her gait was antalgic. She had tenderness to palpation to the left lateral hip with pain. The lower extremities, there was swelling of the left hip, arthritis in the left hip, swelling in the left knee, arthritis in the left knee, and swelling in the left lower leg. Diagnoses included chronic pain syndrome, pain in the limb left knee, and other chronic postoperative pain. The injured worker had undergone a urine drug screen test on 06/04/2014 that was positive for Cymbalta. The

request for authorization was not submitted for this review. The rationale was for Cymbalta was she remains symptomatic and continues with complex chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg, 1 tablet every day (quantity unknown): 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 Duloxetine (Cymbalta) Page(s): 43-44.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Cymbalta is recommended as an option in first line treatment for neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA 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 (effect measured as a 30% reduction in baseline pain). The documentation submitted for review on 03/12/2014 indicated the injured worker has been on Cymbalta since 10/31/2011 and reported very good reduction of her pain overall. However, long term functional goals were not submitted for review. In addition, the request for Cymbalta 60mg, 1 tablet every day, quantity unknown lacked frequency and duration. The request for Cymbalta 60mg, 1 tablet every day (quantity unknown) is non-certified.