

Case Number:	CM14-0063970		
Date Assigned:	07/11/2014	Date of Injury:	05/28/1999
Decision Date:	09/17/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/06/2014

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 54-year-old female who reported injury on 05/28/1999. The mechanism of injury was due to cumulative trauma. Prior surgical interventions included a C4 through C7 interfusion and a C5 through C7 posterior fusion and a resection of the plica of the left knee as well as a carpal and cubital tunnel release. The injured worker participated in the health pain network program. The injured worker's medications were noted to include Butrans, Zoloft, Abilify, Elavil, Celebrex and Xanax. The injured worker underwent an MRI of the cervical spine on 08/29/2011. The impression included moderate right C3-4 neural foraminal narrowing due to a marked asymmetric right C3-4 facet arthropathy. There was a moderate degree of C3-4 central spinal stenosis with several levels of mild stenosis. The documentation of 03/04/2014 revealed the injured worker had pain at the base of the neck radiating into the right and left scapular region. The injured worker's neck pain was constant achy and burning in character. The pain without medications was 9/10 to 10/10 and with medications the pain level was 6/10. The objective findings revealed the injured worker had slightly limited range of motion of her neck at end range due to myofascial pain. The injured worker had moderate effusion and tenderness to palpation of the lateral joint space of the right knee. The diagnoses included pain in joint shoulder region and lower leg and cervicalgia. The treatment plan included a continuation of Cymbalta 60 mg 2 times a day for pain. There was a detailed Request for Authorization form dated 03/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15, 22, 24, 26, 78, 107, 122.

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

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain. They are recommended especially if the pain is accompanied by insomnia, anxiety and depression. There should be documentation of an objective decrease in pain and an objective increase in function. The clinical documentation submitted for review indicated the injured worker had previously been utilizing this classification of medications, however, the duration of use could not be established. There was a lack of documentation of an objective decrease in pain and an objective increase in function. The request as submitted failed to indicate the frequency, quantity and strength for the requested medication. Given the above, the request for Cymbalta is not medically necessary.