

Case Number:	CM14-0081244		
Date Assigned:	07/18/2014	Date of Injury:	01/25/2012
Decision Date:	08/25/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/02/2014

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of January 25, 2012. A utilization review determination dated May 23, 2014 recommends noncertification for Cymbalta 30 mg 2 times a day. Noncertification was recommended due to lack of documentation of functional improvement as a result of Cymbalta treatment. A report dated July 26, 2014 indicates that the patient has had no past psychiatric treatment or counseling. The patient has a diagnosis of dysthymia, with moderate depression and severe anxiety. The note indicates that the patient has reached maximum medical improvement with regards to his emotional condition. At this time, the patient "does not want psychological treatment on a continuing basis." The note goes on to state that if the patient symptoms get worse, consideration should be given for antidepressant medication or anti-anxiety medication. Notation is also made that the patient alcohol use is most likely more than he is willing to admit. A progress report dated June 6 2014 identifies constant bilateral testicular and inguinal pain with numbness, tingling, and paresthesia. The patient's pain is rated as 4-5/10 on the visual analog scale. His facial swelling has disappeared with discontinuation of naproxen and Cymbalta. Objective examination findings it and if I localized tenderness in the left of domicile area and bilateral inguinal areas. Allodynia and hyperalgesia are present in the left testis. Diagnoses included bilateral ilio inguinal morale jump, left a testicular neuralgia, and depression. The treatment plan recommends continuing Neurontin and proton X, and start treatment with Celebrex. A progress report dated May 23, 2014 indicates that Cymbalta was recommended for denial. Cymbalta has been prescribed for tingling, numbness, and paresthesia as well as for depression. A progress report dated May 9, 2014 recommends discontinuing Cymbalta due to facial swelling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg po bid: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 395-396, 402, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 107 of 127, and Pages 13-16 Page(s): 107 of 127, and Pages 13-16.

Decision rationale: Regarding the request for Cymbalta, guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, it appears that Cymbalta was initially started for treatment of neuropathic pain in the patient's inguinal areas. The patient has subjective complaints and objective findings supporting a diagnosis of neuropathic pain. Additionally, the patient has tried first-line neuropathic pain medication in the form of Neurontin. Therefore, a trial of Cymbalta was reasonable at that time. Unfortunately, the request for Cymbalta did not include a duration, and is therefore open ended. The open-ended use of Cymbalta on an ongoing basis is not supported by guidelines in the absence of documentation that it is providing objective functional improvement, and there is no provision to modify the current request. Additionally, it appears that the patient has now tried Cymbalta it has caused intolerable side effects including facial swelling. Therefore, the ongoing use of Cymbalta is not recommended. As such, the currently requested Cymbalta is not medically necessary.