

Case Number:	CM14-0095936		
Date Assigned:	07/25/2014	Date of Injury:	08/16/2000
Decision Date:	09/12/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/24/2014

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 Management 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 49-year-old male who reported an injury on 08/16/2000. The mechanism of injury was not provided. His diagnoses included failed total right knee arthroplasty, arthrofibrosis, chronic pain syndrome, left knee meniscal degeneration, major depression, deconditioning, hypertension, and right calcaneofibular tendonitis. Past treatments include medications, urine drug testing, psychotherapy, and diagnostic testing. Diagnostic studies included an MRI of the left knee, diagnostic studies and urine drug screen. Past surgical history included right knee arthroplasty that failed and a second revision right total knee arthroplasty. On 07/22/2014, the injured worker was seen for pain in his right leg. The pain was described as constant, aching, sharp, and burning. He reported instability and weakness in the right knee and he could not bend his right knee. Pain was a 5-6/10 with medications; without medications, he could not functional at all. He needed assistance with almost all of his activities of daily living. He denied any side effects. There was no aberrant drug behavior. The last urine drug testing was consistent with the prescribed medications (date unknown). Psychotherapy was authorized but had not been scheduled. The injured worker denied suicidal ideations and plans. Medications included Kadian 20 mg pills twice a day, Norco 10/325 mg 4 times a day for breakthrough pain, Cymbalta 30 mg daily #30 for pain and depression and follow up in one month. Providers request is for Cymbalta DR 20 mg #30. The rationale is for pain and depression. The Request for Authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta DR 20mg QTY:30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

Decision rationale: The request for Cymbalta DR 20 mg QTY 30 is not medically necessary. The injured worker has a history of knee pain. According to the California MTUS Guidelines, Duloxetine (Cymbalta) is recommended as an option in first-line treatment option in 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 pain related to diabetic neuropathy with effect found to be significant by the end of 1 week. Week 1 effect measured as a 30% reduction in baseline pain. There is lack of documentation to support the medical necessity for Cymbalta. There is lack of documentation of an anxiety disorder. There is lack of documentation that said medication is providing functional improvement of daily activities. As such, the request is not medically necessary.