

Case Number:	CM14-0187317		
Date Assigned:	11/17/2014	Date of Injury:	01/31/2014
Decision Date:	01/06/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/10/2014

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 Occupational 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:

Injured worker (IW) is a 51-year old female who sustained an industrial injury to multiple body areas when she tripped and fell on 01/31/14. 06/05/14 physical medicine and rehabilitation initial evaluation documented treatment to date including Vicodin, Valium, Naprosyn, and chiropractic treatments. IW reported low back pain radiating down to the toes. On exam, lumbar tenderness and limited range of motion were noted. Trigger points were present in the piriformis and gluteal muscles. Left shoulder range of motion was restricted. There was tenderness over the knees. No focal neurological deficits were documented. 10/29/14 office note documented complaints of low back pain and right leg radicular symptoms/sciatica, as well as left shoulder pain radiating to the elbow. Medication was noted to be helpful. Her gabapentin was increased and she was continued on duloxetine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine HCL 60mg #30/30 days with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Antidepressants for chronic pain Page(s): 14-16.

Decision rationale: MTUS recommends antidepressant for treatment of neuropathic pain, and as an option for treatment on non-neuropathic pain in patients with depression. MTUS notes FDA-approved indications of duloxetine for treatment of anxiety, depression, diabetic neuropathy, and fibromyalgia. Since publication of MTUS, the FDA has also approved indications for chronic musculoskeletal pain. Based upon the documented clinical findings and documented positive response to duloxetine, the requested medication is reasonable and medically necessary.