

Case Number:	CM14-0193757		
Date Assigned:	12/01/2014	Date of Injury:	10/07/2002
Decision Date:	01/20/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/19/2014

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:

The applicant is a represented [REDACTED] insured who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of October 7, 2002. In a Utilization Review Report dated November 11, 2014, the claims administrator partially approved a request for Cymbalta 60 mg #30 with four refills as Cymbalta 60 mg #30 with one refill. The claims administrator suggested that Cymbalta was being employed on a trial basis for neuropathic pain. The claims administrator suggested that a two-month supply of Cymbalta was more appropriate than a five-month supply of the same, given the fact that the request for Cymbalta reportedly represented a reintroduction/relatively new introduction. The claims administrator stated that its decision was based on an RFA form received on November 3, 2014. The applicant's attorney subsequently appealed. In an October 30, 2014 progress note, the applicant reported ongoing complaints of shoulder pain status post failed shoulder surgery. The applicant had subsequently been diagnosed with a left upper extremity ulnar neuropathy and had apparently undergone an ulnar nerve transposition surgery for the same, which was unsuccessful. The applicant also received medial branch blocks for the cervical spine, also apparently unsuccessful. The applicant reported 8/10 pain without medications versus 3/10 pain with medications for an overall pain score of 6/10. The applicant had tried Norco, Darvocet, NSAIDs, Neurontin, Desyrel, Tylenol, tramadol, Skelaxin, Ambien, Methadone, Celebrex, and Cymbalta, it was stated in one section of the note. In another section of the note, it was stated that the applicant's current medication list included Pravachol, Zestril, loratadine, metformin, Protonix, Colace, and Naprosyn. The applicant had comorbidities including diabetes, hypertension, depression, and obesity, it was stated. It was stated that the applicant was working part time, in one section of the note. Dysesthesias were appreciated about the left upper

extremity on exam. The applicant was asked to restart Cymbalta. Colace and Naprosyn were also endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60 mg #30 with 4 refills: 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): 15.

Decision rationale: While page 15 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Cymbalta is FDA approved in the treatment of diabetic neuropathy, as appears to be present here, and can be employed off-label for radiculopathy, which also may be present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. In this case, the 30-tablet, four-refill supply of Cymbalta represents a five-month overall supply of the same. This does not, by definition, contain a proviso to reevaluate the applicant to ensure that ongoing usage of Cymbalta is, in fact, successful. The 30-tablet, four-refill, five-month supply of Cymbalta at issue, thus, is at odds with MTUS principles and parameters for a first-time supply of Cymbalta/reintroduction of Cymbalta after a lengthy hiatus after having used the same in the remote past. Therefore, the request was not medically necessary.