

Case Number:	CM14-0205517		
Date Assigned:	12/17/2014	Date of Injury:	02/26/2010
Decision Date:	02/12/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/09/2014

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] employee who has filed a claim for carpal tunnel syndrome, wrist pain, and hand pain reportedly associated with an industrial injury of February 26, 2010. In a Utilization Review Report dated November 20, 2014, the claims administrator partially approved a request for Cymbalta 30 mg #60 with four refills to Cymbalta 30 mg #60 with no refills. The claims administrator contended that there was no evidence of functional improvement with ongoing medication consumption. The claims administrator referenced an October 17, 2014 progress note and RFA form of November 18, 2014 in its determination. The applicant's attorney subsequently appealed. In said October 17, 2014 progress note, the applicant reported ongoing complaints of right shoulder pain, right arm pain, and paresthesias about the digits, highly variable, 4-7/10. The applicant had a past medical history notable for rheumatoid arthritis. The applicant was on tramadol, Celebrex, and Cymbalta, it was acknowledged. The applicant apparently had a review of systems which was notable for weakness, depression, nervousness, and insomnia. Cymbalta was apparently endorsed primarily for depressive symptoms and seemingly for secondary issues with neuropathic pain. The applicant stated in another section of the note that she had been without her medications for sometime owing to an authorization gap.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #60 x 4 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) section Page(s): 15.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, antidepressants such as Cymbalta "may be helpful" to alleviate symptoms of depression as were present here on or around the date in question. ACOEM Chapter 15, page 402 further notes that antidepressants such as Cymbalta often take weeks to exert their maximal effect. Thus, the rather lengthy supply of Cymbalta for depressive symptoms is not altogether remiss. Furthermore, the attending provider has seemingly suggested that the applicant had been without Cymbalta for sometime owing to a gap in authorization, making this request essentially tantamount to a first-time request. Page 15 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incidentally noted, also seemingly espouses off-label usage of Cymbalta for neuropathic pain, as was/is present here in the form of the applicant's ongoing issues with ulnar neuropathy. Therefore, the request was medically necessary.