

Case Number:	CM14-0072500		
Date Assigned:	07/16/2014	Date of Injury:	06/03/2011
Decision Date:	04/07/2015	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 female, who sustained an industrial injury on June 3, 2011. The diagnoses have included cervical radiculopathy. Treatment to date has included cervical disc protrusion C6-6, cervical radiculopathy, cervical myofascial spasms and rotator cuff syndrome. Currently, the injured worker complains of neck pain with headaches and numbness in both her hands, right side worse than left, the neck feels very stiff and achy, she utilizes her medications for her discomfort. In a progress note dated march 24, 2014, the treating provider reports examination of neck mild limitation with lateral rotation and flexion bilaterally, and palpable myofascial spasms with mild tenderness at C5-C6. On April 15, 2014 Utilization Review non-certified a Cymbalta 30 mg, noting, Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
SPECIFIC ANTIDEPRESSANTS Page(s): 15-16.

Decision rationale: Cymbalta is FDA approved for diabetic neuropathy. It is also used off label for neuropathic pain and radiculopathy. There is no high quality evidence to support its use for cervical radiculopathy. There is no clear evidence that the patient have diabetic neuropathy. A prolonged use of cymbalta in this patient cannot be warranted without continuous monitoring of its efficacy. Therefore, the request of Cymbalta 60mg is not medically necessary.