

Case Number:	CM15-0000897		
Date Assigned:	01/09/2015	Date of Injury:	03/30/2012
Decision Date:	03/06/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/05/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 50 year old female, who sustained an industrial injury on March 27, 2012. She has reported pain in right forearm. The diagnoses have included right upper extremity repetitive strain, medial and lateral epicondylitis, ulnar and radial neuritis and wrist tendonitis with possible carpal tunnel syndrome. Treatment to date has included magnetic resonance imaging (MRI), physical therapy and oral medication. Currently, the IW complains of right upper extremity pain. She has been using Cymbalta and Voltaren gel for pain. Acupuncture has been approved although as of yet there is no indication of treatment. On December 22, 2014 utilization review non-certified a request for Cymbalta/Duloxetine 30mg #60 with 3 refills, noting conflicting documentation for the denial. The Medical Treatment Utilization Schedule (MTUS) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated December 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta/Duloxetine 30mg #60 refill x3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants Page(s): 13-14.

Decision rationale: Cymbalta is an SNRI antidepressant. Antidepressants are an option, but there are no specific medications that have been proven in high quality studies to be efficacious for treatment of upper extremity neuropathy or pain. It is also approved for fibromyalgia and diabetic neuroathy. The claimant had been on Cymbalta for several months without the above diagnoses. The continued use is not supported by any evidence for the claimant's diagnoses and is not medically necessary.