

Case Number:	CM15-0006848		
Date Assigned:	01/26/2015	Date of Injury:	06/17/2013
Decision Date:	03/18/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/13/2015

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: California
 Certification(s)/Specialty: Internal 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 48 year old male who sustained an industrial related injury on 6/17/14. The injured worker had complaints of left knee pain. The injured worker underwent a left knee total arthroplasty performed on 7/16/14. Treatment included physical therapy. Prescriptions included Cymbalta, Percocet, and Tramadol. Diagnoses included lateral collateral ligament laxity, low back pain, failed tibial plateau fracture open reduction internal fixation, left knee status post total arthroscopy, and left ankle minimal arthritis. The treating physician requested authorization for Cymbalta 30mg #60. On 12/15/14 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted there was no documentation of chronic pain and stress/anxiety/depression. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30 mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation FDA Prescribing Information Cymbalta http://www.accessdata.fda.gov/drugsatfda_docs/label/2010/022516lbl.pdf

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Duloxetine is used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. FDA Prescribing Information documents that Cymbalta is indicated for major depressive disorder, generalized anxiety disorder, diabetic peripheral neuropathic pain, fibromyalgia, and chronic musculoskeletal pain. Medical history documents a history of left total knee arthroplasty. Medical records document chronic pain and chronic musculoskeletal pain. Per MTUS, antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. FDA Prescribing Information documents that Cymbalta is indicated for chronic musculoskeletal pain. Medical records document chronic pain and chronic musculoskeletal pain, which are indications for the use of Cymbalta according to MTUS and FDA guidelines. MTUS and FDA guidelines support the prescription Cymbalta. Therefore, the request for Cymbalta 30 mg is medically necessary.