

Case Number:	CM15-0009807		
Date Assigned:	01/27/2015	Date of Injury:	01/10/2005
Decision Date:	03/19/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/16/2015

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, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 55 year old female, who sustained an industrial injury on 1/10/05. She has reported injury to neck, knees, hips and wrists. The diagnoses have included chronic postoperative pain, migraine, post laminectomy syndrome; localized osteoarthritis lower leg, localized osteoarthritis forearm, cervical spondylosis and obesity. Treatment to date has included ACDF at C5-6 (without noted improvement), epidural injections, physical therapy, bilateral total knee arthroplasty, cervical joint injections, acupuncture and medications. Currently, the IW complains of bilateral neck pin, migraine headaches and financial stress. Physical exam noted ambulation with a cane and appears uncomfortable due to pain. On 12/31/14 Utilization Review submitted a modified certification for Cymbalta 30mg # 60 to Cymbalta 30mg #56, noting she has been utilizing the medication since 5/2013 with no improvement in the condition as the result of the medication; the certification is for weaning. The MTUS, ACOEM Guidelines, was cited. On 1/16/15, the injured worker submitted an application for IMR for review of Cymbalta 30mg # 60 modified to Cymbalta 30mg # 56.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #60: Upheld

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

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

Decision rationale: The injured worker has been diagnosed with chronic postoperative pain, migraine, post laminectomy syndrome; localized osteoarthritis lower leg, localized osteoarthritis forearm and cervical spondylosis. It has been suggested that Cymbalta has been prescribed for over 1.5 years with no significant objective functional improvement. It has been noted that the injured worker continues to suffer from chronic pain and depressive symptoms although Cymbalta has been prescribed over an extended period of time at a significant therapeutic dose. The need for ongoing use of Cymbalta cannot be clinically justified in absence of functional improvement. Thus, a request for Cymbalta 30mg #60 is excessive and not medically necessary. It is to be noted that the UR physician authorized #56 tablets for purposes of weaning.