

Case Number:	CM15-0102753		
Date Assigned:	06/05/2015	Date of Injury:	08/08/2002
Decision Date:	07/10/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/28/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 51-year-old female sustained an industrial injury to the back and upper extremity on 8/8/02. In a letter dated 1/21/14, the physician stated that the injured worker was originally placed on Cymbalta on 4/26/13 with a decrease in pain and lower extremity paresthesias. Trials of Lyrica and Neurontin had failed due to palpitations. In a progress note dated 1/26/15, the injured worker was diagnosed with sinusitis and bronchitis that was treated with antibiotics and cough syrup. In a progress note dated 3/17/15, the injured worker reported having no energy and feeling achy all over. The injured worker had not taken Cymbalta in two weeks because of insurance denial. The injured worker also complained of epigastric pain and dark or black stools. Current diagnoses included osteoarthritis, epigastric pain, hypertension and sleep apnea. The injured worker received a Decadron injection into the left hip. On 4/22/15, a request for authorization was submitted for Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Decadron LA 8 mg injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mercieca, Cecilia and joh R Kirwan. "The

intelligent use of systemic glucocorticoids in rheumatoid arthritis." Export review of clinical immunology 10.1 (2014): 143-157.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Carpal Tunnel Syndrome Corticosteroid injections.

Decision rationale: The patient presents with an industrial injury to the back and upper extremity on 8/8/02. The current request is for retrospective Decadron LA 8 mg injection. The treating physician states, in a report dated 03/17/15, "I will give her 8 mg of Decadron LA to keep her arthralgias down during that time." (20B) The MTUS is silent on Corticosteroids such as Decadron. ODG CTS guidelines state, "Recommend a single injection as an option in conservative treatment. Corticosteroid injections will likely produce significant short-term benefit, but many patients will experience a recurrence of symptoms within several months after injection." In this case, the treating physician has documented a Primary Diagnosis of Carpal Tunnel Syndrome (2A). There is no documentation that the patient has previously received an injection for the treatment of CTS. The current request is medically necessary.

Cymbalta 30 mg #30 with 12 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

Decision rationale: The patient presents with an industrial injury to the back and upper extremity on 8/8/02. The current request is for Cymbalta 30 mg #30 with 12 refills. The treating physician states, in a report dated 03/17/15, "I rewrote for her Cymbalta and we will see if we can get this approved. She is having chronic pain from her back plus the generalized pain that the Cymbalta has helped overall." (20B) The MTUS guidelines state, "Recommended as an option in first-line treatment option in neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, with effect found to be significant by the end of week 1." In this case, the treating physician, in a report dated 01/21/14 states, "[The patient] was originally placed on Cymbalta 30 mg. on April 26, 2013 for her chronic back pain, diffuse generalized joint pain and neuropathy type symptoms in her lower extremities secondary to her chronic back problems. The Cymbalta was of benefit with marked decrease in her generalized pain, her back pain and her paresthesias in her lower extremities. She did well on just the 30-mg. dose and did not have to increase the dose to 60 mg, which is a standard dose. She states that with the Cymbalta her pain was much decreased, her sleep was much better and she was able to decrease the use of narcotics. She states while taking Cymbalta she took an average of 2 Tramadol a day but since she is unable to afford this or obtain this with samples she is now taking 4-6 Tramadol a day. Also, she is having pain at night in her lower back and into her legs with the paresthesias. She has tried both Lyrica and Neurontin to treat the paresthesias in her legs, but both of these gave her palpitations and she could not tolerate these." The patient has had symptomatic and functional improvements with Cymbalta usage. The MTUS guidelines support the usage of Cymbalta and the current request is medically necessary.