

Case Number:	CM15-0107193		
Date Assigned:	06/11/2015	Date of Injury:	01/29/2010
Decision Date:	07/15/2015	UR Denial Date:	05/16/2015
Priority:	Standard	Application Received:	06/03/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 38 year old female who sustained an industrial injury on 1/29/10 while unloading boxes she began to experience right upper extremity pain. She was medically evaluated and treated with physical therapy, medications, a wrist brace and two cortisone injections, which made her worse. She currently complains of sharp right shoulder pain with numbness and pain in the right hand and is status post right shoulder surgery (3/6/15). Her pain level is 5-7/10 with medications. Medications are Norco, Relafen, Cymbalta, Biofreeze gel. Diagnoses include right shoulder pain; thoracic spine pain; low back pain; neck pain; carpal tunnel syndrome; anxiety; depression. Treatments to date include medications; physical therapy; arm sling. Diagnostics include MRI of the right shoulder (no date) showing a lateral down sloping acromion, mild tendinopathy, superior labral tear, MRI of the cervical spine (11/2011) shows mild dorsal disc spur. In the progress note, dated 5/4/15 the treating provider's plan of care includes a request for Cymbalta 30 mg every night # 30. A request for psychological evaluation due to significant anxiety and depression was also noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg quantity 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain; Non Steroidal Anti Inflammatory Drugs; Opioids Page(s): 13;67-68;78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 105. Decision based on Non-MTUS Citation Up-to-date Online, Cymbalta Entry.

Decision rationale: Regarding the request for Cymbalta, Chronic Pain Medical Treatment Guidelines states that Cymbalta is an SNRI antidepressant that has been shown to be effective in relieving neuropathic pain of different etiologies. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, there is documentation that the patient had been on Celexa since August 2014 at least. The patient was then recently switched to Cymbalta per note on 5/4/15 because the other anti-depressant was "not covered." Therefore, not enough time has elapsed yet indicating whether or not the patient has responded to the current Cymbalta treatment. Antidepressants typically have a lag period to take effect. Given this, the currently requested Cymbalta is medically necessary.