

Case Number:	CM15-0107508		
Date Assigned:	06/11/2015	Date of Injury:	05/18/2012
Decision Date:	07/13/2015	UR Denial Date:	05/08/2015
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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 51 year old female, who sustained an industrial injury on 5/18/2012. She reported developing numbness, pain and stiffness in bilateral upper extremities, wrists and hands from repetitive type activities. Diagnoses include dysthymic disorder, pain disorder, and rule out carpal tunnel syndrome. Treatments to date include NSAIDS, analgesic, and physical therapy, and therapeutic injections. Currently, she complained of chronic pain in the neck and upper extremities. The provider indicated symptoms of depression as a result of chronic pain as presented by the emotional tearing, insomnia, daytime fatigue, and emotional lability. On 1/12/15, the physical examination documented decreased cervical range of motion and cervical tenderness. The plan of care included Duloxetine (Cymbalta) 30mg as part of chronic pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine 30mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain. Decision based on Non-MTUS Citation ODG Anti-depressants, Stress/Mental Chapter.

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

Decision rationale: Duloxetine is FDA approved for diabetic neuropathy. It is also used off label for neuropathic pain and radiculopathy. There is no high quality evidence to support its use for back pain. There is no clear evidence that the patient has diabetic neuropathy. A prolonged use of this medication cannot be warranted without continuous monitoring of its efficacy. Therefore, the request of Duloxetine 30mg is not medically necessary.