MAXIMUS Federal Services

Case Number:	CM15-0109727		
Date Assigned:	06/16/2015	Date of Injury:	12/28/2009
Decision Date:	07/15/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/08/2015

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, Texas
Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 56 year old female who sustained a work related injury 12/28/2009. Treatments included trigger finger release and bilateral carpal tunnel release. She suffers from asthma, GI ulcers, and chronic pain in the right wrist with burning into the fingers. She continues to suffer from carpal tunnel syndrome post surgery. On 05/04/15, pain was rated as 7-8/10, severe with burning. An orthopedic consultation of 05/11/15 noted burning of the right proximal phalanges, intermittent pain in the left hand, pressure in the wrists bilaterally, and triggering in the right thumb. She received a steroid injection and no recommendations were made for the diagnosis of carpal tunnel syndrome. UR of 05/15/15 denied this request based on this medication being considered as off label use for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine 30 mg #7: Upheld

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 Specific antidepressants, selective serotonin and norepinephrine reuptake inhibitors (SNRI's): Duloxetine (Cymbalta) Page(s): 14-15.

Decision rationale: The patient's diagnosis is bilateral carpal tunnel syndrome. Cymbalta is FDA approved for depression, anxiety, diabetic neuropathy, and fibromyalgia. Off label, it has been used for neuropathic pain and radiculopathy. No rationale or documentation has been provided for use of this agent, and there is no evidence provided that other agents have been attempted and what the results have been. This request is therefore not medically necessary.

Duloxetine 60 mg #30: Upheld

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 Specific antidepressants, selective serotonin and norepinephrine reuptake inhibitors (SNRI's): Duloxetine (Cymbalta) Page(s): 14-15.

Decision rationale: The patient's diagnosis is bilateral carpal tunnel syndrome. Cymbalta is FDA approved for depression, anxiety, diabetic neuropathy, and fibromyalgia. Off label, it has been used for neuropathic pain and radiculopathy. No rationale or documentation has been provided for use of this agent, and there is no evidence provided that other agents have been attempted and what the results have been. This request is therefore not medically necessary.