

Case Number:	CM15-0010023		
Date Assigned:	01/27/2015	Date of Injury:	01/23/1998
Decision Date:	04/02/2015	UR Denial Date:	12/17/2014
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
Certification(s)/Specialty: Internal 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 57 year old female, who sustained an industrial injury on 01/23/1998. She has reported subsequent bilateral upper extremity pain and was diagnosed with chronic right shoulder pain with impingement syndrome, tendinosis of rotator cuff, osteoarthritis, chronic neck pain and chronic left shoulder pain with bursitis and tendonitis. Treatment to date has included oral pain medication, Kenalog injections, cortisone injections and surgery. Cymbalta was a chronic medication since at least 01/13/2014. In a progress note dated 11/20/2014, the injured worker reported continued bilateral upper extremity pain that was rated as 6/10 without medications and 4/10 with medications. Objective physical examination findings were documented as showing no significant change. The physician requested authorization for a refill of Cymbalta. On 12/17/2014, Utilization Review modified a request for Cymbalta from 60 mg twice daily, quantity of 180 to 60 mg twice daily, quantity of 60, noting that although the medication is medically necessary, prescribing multiple refills in advance is not encouraged. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg, take one tablet twice daily, Qty: 180 for chronic pain: 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 Antidepressants for chronic pain Page 13-16. Decision based on Non-MTUS Citation FDA Prescribing Information Cymbalta http://www.accessdata.fda.gov/drugsatfda_docs/label/2010/022516lbl.pdf.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Duloxetine is used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. FDA Prescribing Information documents that Cymbalta is indicated for major depressive disorder, generalized anxiety disorder, diabetic peripheral neuropathic pain, fibromyalgia, and chronic musculoskeletal pain. Medical history documents a history of chronic right shoulder pain, impingement syndrome, rotator cuff tendinosis, acromioclavicular joint osteoarthritis, chronic neck pain, two cervical spine surgeries, chronic left shoulder pain, rotator cuff tear, and bilateral carpal tunnel release surgeries. Medical records document chronic pain and chronic musculoskeletal pain. Per MTUS, antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. FDA Prescribing Information documents that Cymbalta is indicated for chronic musculoskeletal pain. Medical records document chronic pain and chronic musculoskeletal pain, which are indications for the use of Cymbalta according to MTUS and FDA guidelines. MTUS and FDA guidelines support the prescription Cymbalta. Therefore, the request for Cymbalta is medically necessary.