

Case Number:	CM15-0130460		
Date Assigned:	07/16/2015	Date of Injury:	01/02/1995
Decision Date:	08/12/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/07/2015

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: Preventive Medicine, Occupational 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 66-year-old female who sustained an industrial injury on 01/02/95. Complaints and initial diagnoses are not available. Current diagnoses include cervicalgia; she is status post multiple cervical spine surgeries. Additional treatments to date have included trigger point injections and pain medication management to which she has responded well. Currently, the injured worker complains of deep, sharp, aching pain that radiates down the shoulder to arms with numbness and tingling. She has back stiffness with bilateral upper extremity weakness. There is substantial benefit while on medications and she has no side effects, no complications, and no aberrant behavior; she is on the lowest effective dosing with 50% improvement in pain. Urinalysis drug screen was within normal limits. Requested treatments include 1 prescription of Cymbalta 60mg #30 with 3 refills. The injured worker's condition is permanent and stationary. Date of Utilization Review: 06/18/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Cymbalta 60mg #30 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 15, 16.

Decision rationale: MTUS Guidelines supports the use of Cymbalta for this individual's neuropathic pain and it is clearly documented to provide benefits. The Guidelines do not address the issue of the number of refills that is appropriate for a given medication. Monitoring the number of refills written and filled is a function of the pharmacist and payor as UR/IMR does not have documentation of how many and when the refills were provided. This is generally not considered a drug with significant abuse potential. The Cymbalta 60mg 30 with 4 refills is supported by Guidelines and is medically necessary.