MAXIMUS Federal Services

Case Number:	CM15-0131822		
Date Assigned:	07/20/2015	Date of Injury:	10/12/2011
Decision Date:	08/18/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/08/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 44-year-old male who sustained an industrial injury on 10/12/2011. Mechanism of injury was not found in documents presented. Diagnoses include lumbar radiculopathy, cervical facet syndrome, cervical radiculopathy, shoulder pain and wrist pain. Treatment to date has included diagnostic studies, medications, transforaminal epidural steroid injections, epidural cervical injections, trigger point injections, acupuncture, and physical therapy. He is also status post right shoulder arthroscopic subacromial decompression with acromioplasty and modified Mumford procedure. He works and or volunteers a few hours every day, and can be active at least 5 hours a day. His current medications include Omeprazole, Naproxen, and Lidoderm patch. A physician progress note dated 06/19/2015 documents the injured worker complains of neck pain, lower backache, right shoulder pain and right wrist pain. He states his pain with medications as 5 on a scale of 1 to 10, and without his medications his pain is 7 out of 10. His quality of sleep is fair. His medications are working well with no side effects reported. He is having increased neuropathic pain in the neck to his upper extremities as well as to his lower back and lower extremities. Range of motion is restricted in his cervical spine, and he has spasm and tenderness in the left paraspinal muscles. Range of motion of the lumbar spine is restricted by pain and there is spasm and tenderness of the paravertebral muscles on the left side. Facet loading and straight leg raising is positive on the left side. Right shoulder range of motion is restricted. His right wrist is tender to palpation noted over the radial side and Finkelstein's test is positive. He has tenderness over the radial side of the left wrist. The treatment plan includes continuation of his medications, use of Icy Hot topical cream, and Lidoderm patches. Treatment requested is for Duloxetine 30 mg Qty 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine 30 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta (Duloxetine) Page(s): 43-44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 43-44.

Decision rationale: Duloxetine (Cymbalta) is an antidepressant in the SNRI class. It is a norepinephrine and serotonin re-uptake inhibitor. It is listed as a first-line option in the treatment of neuropathic pain. The FDA has approved its use for depression, generalized anxiety disorder, pain related to diabetic neuropathy and has been found to be effective in fibromyalgia. In this case, there are no medical records provided detailing the patient's symptoms, physical exam findings, functional response to previous use or medical indication for this medication. Therefore, due to the lack of information, the request must be found not medically necessary.