

Case Number:	CM15-0137560		
Date Assigned:	07/27/2015	Date of Injury:	10/04/2000
Decision Date:	09/10/2015	UR Denial Date:	07/03/2015
Priority:	Standard	Application Received:	07/15/2015

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: Texas, New York, 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 applicant is a represented 54-year-old who has filed a claim for chronic neck, elbow, and wrist pain reportedly associated with an industrial injury of October 4, 2000. In a Utilization Review report dated July 3, 2015, the claims administrator failed to approve a request for Cymbalta. The claims administrator did apparently issue a partial approval, seemingly for weaning or tapering purposes. A June 19, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On an RFA form of June 19, 2015, Cymbalta was endorsed. In an associated progress note of May 7, 2015, the applicant reported ongoing complaints of wrist pain. The applicant was given diagnoses of carpal tunnel syndrome, ulnar neuritis, trigger finger, and carpal tunnel syndrome. The applicant was asked to continue Cymbalta, Neurontin, Voltaren gel, and an H-Wave device. The applicant was undergoing a breast lumpectomy. Lumbar MRI imaging was also ordered. The applicant's work status was not furnished. Little seeming discussion of medication efficacy transpired insofar as Cymbalta was concerned. In an earlier note dated April 15, 2015, the applicant reported ongoing complaints of neck, low back, elbow, and shoulder pain. The applicant had apparently stopped her job search following a recent breast biopsy, it was reported. Cymbalta, Neurontin, Voltaren, and the H-Wave device in question were renewed and/or continued, once again, without any seeming discussion of medication efficacy. On March 4, 2015, Neurontin, Cymbalta, Voltaren gel, and an H-Wave device were endorsed, once again, without any seeming discussion of medication efficacy. The applicant had resigned from her former job, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 50mg, QTY: 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Duloxetine (Cymbalta); Functional Restoration Approach to Chronic Pain Management Page(s): 15; 7.

Decision rationale: No, the request for Cymbalta, an atypical antidepressant, was not medically necessary, medically appropriate, or indicated here. While page 15 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Cymbalta is FDA approved in the treatment of anxiety, depression, diabetic neuropathy, and fibromyalgia but can be employed off label for neuropathic pain and/or radiculopathy, here, however, it was not clearly stated for what issue, diagnosis, and/or purpose Cymbalta had been prescribed. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines both stipulate that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations so as to ensure proper use and so as to manage expectations. Here, however, the applicant's failure to return to work and the failure of Cymbalta to attenuate the applicant's dependence on a variety of other forms of medical treatment to include Voltaren gel, an H-Wave device, etc., taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Cymbalta. Therefore, the request was not medically necessary.