

Case Number:	CM15-0138622		
Date Assigned:	07/28/2015	Date of Injury:	05/01/1995
Decision Date:	09/11/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/17/2015

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, Arizona, Maryland
 Certification(s)/Specialty: 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 63 year old female, who sustained an industrial injury on 05-01-1995. The diagnoses have included fibromyalgia, bilateral carpal tunnel syndrome, cervical radiculopathy, myofascial pain and dyspepsia and history of peptic ulcer disease. Treatment to date has included medications, activity modifications, diagnostics, pain management, other modalities, physical therapy, and home exercise program (HEP). Currently, as per the physician progress note dated 06-22-15, the injured worker complains of dizziness involving the neck area. She has history of high blood pressure. According to the physician progress note dated 12-18-2014, the injured worker complains of sciatica pain that is described as burning and radiates. The objective exam reveals tenderness to the cervical and thoracic areas. She has limited range of motion and cannot abduct the arms to 90 degrees without pain. The gait is antalgic. The current medications included Gabapentin, Lidoderm patches, Celebrex, Cymbalta, and Cyclobenzaprine. There is no previous urine drug screen noted. The work status is permanent and stationary. The physician requested treatment included Duloxetine 60mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine 60mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

Decision rationale: Per MTUS CPMTG with regard to the use of antidepressants for chronic pain: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) The latest progress report available for review dated 6/22/15 did not contain findings consistent with neuropathic pain. As the requested medication is not indicated, the request is not medically necessary.