

Case Number:	CM15-0144192		
Date Assigned:	08/05/2015	Date of Injury:	03/01/2009
Decision Date:	09/21/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/24/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 50 year old female who sustained an industrial injury on March 1, 2009. She fell sustaining an injury to her right hand and wrist. She underwent physical therapy and multiple castings. She had another fall in December 2009 that exacerbated her symptoms. She was diagnosed with Kienbock's disease or avascular necrosis of one of the carpal bones and underwent surgery. She later developed complex regional pain syndrome with right upper extremity pain. According to a progress report dated June 24, 2015, the injured worker was stable on her medications. She reported more foot swelling and pain. Pain had worsened recently and she was unable to ambulate. She was living on the 3rd floor with no elevator and could not leave her apartment or go outside because of her pain. The provider noted that the injured worker was crying during the visit due to her pain. Pain was rated 10 on a scale of 1-10 and varied from 8-10 in severity on any given day. At her initial presentation, pain was rated 9. Pain was located in the right wrist. It radiated to the right forearm to the arm to the collar bone with occasional left hand pain. She also had pain from her toes to her groin bilaterally worse on the right side. Pain was described as constant and burning. Pain was worsened with movement, walking and touch. She reported paresthesia, sweating, "bee stings" feeling spasm, weakness and discolorations. Medications were helpful for the pain. Previous treatments included Lidocaine injections to the right hand and right stellate ganglion nerve blocks which were not helpful. Lyrica caused weight gain and swelling. Tramadol and Vicodin were not helpful. Pain progressed to the right arm and shoulder. Intravenous Ketamine infusion treatments were not helpful. Spinal cord stimulator placement provided only mild improvement. She also reported right leg limping and pain. She was also starting to feel more symptoms in her left hand and

upper extremity as well. Assessments included reflex sympathetic dystrophy of the upper limb and reflex sympathetic dystrophy of the lower limb. The provider noted that the injured worker should have home assistance daily for 4 hours because of the severity of her pain and total disability. She could not feed herself or bath. The treatment plan included continuation of Dilaudid 4 mg every 6 hours as needed for pain #60, Dilaudid 8 mg every 6 hours as needed for breakthrough pain #120, Exalgo (a long acting form of Dilaudid) 16 mg every day for baseline control #30, Cymbalta 90 mg every day, Tizanidine 4 mg 2 tabs three times a day for spasm, Ibuprofen 800 mg three times a day as needed for pain, Colace and Senokot S. She was to return for a follow up in 4 weeks. Currently under review is the request for Cymbalta 90 mg daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 90 mg daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain medications; Opioids: Ongoing management; Tizanidine; NSAIDs; Opioids: Initiating therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15-16.

Decision rationale: At issue in this review is the prescription of Cymbalta. Duloxetine or Cymbalta is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Per the guidelines, it is used off-label for neuropathic pain and radiculopathy but there is no high quality evidence reported to support the use of duloxetine for radiculopathy. There is limited documentation of a discussion of efficacy or side effects and given the radiculopathy diagnosis, the records do not support the medical necessity of ongoing use of Cymbalta