

Case Number:	CM15-0144914		
Date Assigned:	08/05/2015	Date of Injury:	04/04/2001
Decision Date:	09/02/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/27/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 71 year old female who sustained an industrial injury on 04-04-2001. The injured worker was diagnosed with right shoulder pain and gastritis. The injured worker is status post right shoulder surgery (no date or procedure documented). Treatment to date was not noted. According to the primary treating physician's progress report on June 22, 2015, the injured worker continues to experience right shoulder pain rated as 3 out of 10 on the pain scale without any activity. Examination demonstrated pain on the right side of the cervical paravertebral and trapezius muscles and range of motion within normal limits. There was no evidence of cervical spine motion producing pain during testing maneuvers or radiating pain to the upper extremities. Cervical compression and Spurling's tests were negative. The right shoulder examination demonstrated no winging with tenderness to deep palpation at the acromioclavicular joint and subacromial space. Range of motion was normal with complaints of pain in extreme flexion, extension and internal rotation. Impingement, Neer's, Hawkins, Sulcus and apprehensions tests were negative. Rotator cuff strength was 5 out of 5 without evidence of instability. Current medications were not documented. Treatment plan consists of exercise regularly, follow-up appointment as needed and the current request for Duloxetine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine 300mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain Page(s): 43-44.

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

Decision rationale: MTUS state regarding antidepressants for pain, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." The treating physician does not indicate failure of first-line agents and does not indicate how a first line agent is ineffective, poorly tolerated, or contraindicated. MTUS states regarding Cymbalta: "Selective serotonin and norepinephrine reuptake inhibitors (SNRIs): Duloxetine (Cymbalta): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. (Dworkin, 2007) No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. (Dworkin, 2007) More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. Side effects: CNS: dizziness, fatigue, somnolence, drowsiness, anxiety (3% vs. 2% for placebo), insomnia (8-13% vs. 6-7% for placebo). GI: nausea and vomiting (5-30%), weight loss (2%)...Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks. Withdrawal effects can be severe. Abrupt discontinuation should be avoided and tapering is recommended before discontinuation." Medical records do not substantiate anxiety, depression, diabetic neuropathy, and/or fibromyalgia, which are the only FDA indicated uses of Cymbalta. As such, the request for Cymbalta 60mg #30 is not medically necessary.