

Case Number:	CM15-0146687		
Date Assigned:	08/07/2015	Date of Injury:	10/31/2009
Decision Date:	09/10/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/28/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 48 year old female who sustained an industrial injury on 10-31-09. Diagnoses are cervical pain, myofascial pain, back pain, lumbar degenerative disc disease, sciatica, low back pain, arthritis of the back, depressive disorder, cervical strain, constipation, rotator cuff syndrome, shoulder pain, history of gastrointestinal bleeding, and syncopal episode times one. In a progress report dated 6-25-15, the primary treating physician notes the injured worker presents with back pain and had an acute flare up of pain 2-3 weeks ago in the left scapular that radiated into the chest area. She has not had pain there before. The left arm was numb during the episode. Pain is rated at 6 out of 10. Pain is noted to be better since starting Butrans. It is noted that she trialed Cymbalta 30mg for chronic pain and depressed mood but she could not tolerate the medication as she experienced dizziness. The prescribed dose was then changed to 20mg. She is no longer on Norco. She is in the middle of acupuncture treatment and notes it is helping. Work status is to remain off of work for another 3 months until 5-15-15. A urine drug screen was done 11-5-14 and a CURES report revealed compliance with medications. There is decreased range of motion of the left shoulder. Straight leg raise is positive on the left. There is tenderness of the sacroiliac joint, worse on the left. Mood and affect are depressed and flat. Previous treatment noted includes physical therapy, acupuncture, medication, and home exercise. The treatment plan is an MRI left shoulder, 6 acupuncture visits and consultation, Buprenorphine patch, Cymbalta 20mg daily, and continue Colace. The requested treatment is Cymbalta 20mg #30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 20 mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

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

Decision rationale: Cymbalta is FDA approved for diabetic neuropathy. It is also used off label for neuropathic pain and radiculopathy. There is no high quality evidence to support its use for RSD. There is no clear evidence that the patient have diabetic neuropathy. A prolonged use of cymbalta in this patient cannot be warranted without continuous monitoring of its efficacy. Therefore, the request of Cymbalta 20mg #30 with 1 refill is not medically necessary.