

Case Number:	CM15-0147643		
Date Assigned:	08/10/2015	Date of Injury:	12/05/2012
Decision Date:	09/08/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/29/2015

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 46 year old male who sustained an industrial injury on 12-5-12. He had complaints of pain in his right side head and neck, right shoulder, right arm, right elbow, right wrist and right hand and fingers. Diagnostic studies include: x-ray, MRI, EMG and nerve conduction studies. He was diagnosed with right shoulder rotator cuff tear. Treatments include: physical therapy, injections and surgery. Office visit dated 6-6-15 reports continued complaints of pain in the right shoulder radiating up the eye area, right upper back and right arm. The pain is frequent and is associated with numbness and tingling in the right hand along with weakness in the right arm and right hand. The pain is described as sharp, cutting, throbbing, dull, aching, pressure like, cramping, shooting and electric with muscle pain, pins and needles sensation and limited temperature. The pain is made worse by reaching, exercising, pushing a cart, leaning forward and prolonged walking and standing. Diagnoses include: right shoulder post-traumatic osteoarthritis rotator cuff partial tear superseding frozen shoulder and adhesive capsulitis, suprascapular neuropathy and cervicgia. Plan of care includes: request right suprascapular nerve injection, request EMG nerve conduction studies, medications prescribed; Tramadol, Duloxetine 60 mg per day, #30. Work status: temporarily totally disabled. Follow-up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine 60mg, once daily, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SNRIs (serotonin noradrenaline reuptake inhibitors) Page(s): 105.

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

Decision rationale: Duloxetine 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 neck pain. There is no clear evidence that the patient has diabetic neuropathy. A prolonged use of Cymbalta in this patient cannot be warranted without continuous monitoring of its efficacy. Therefore, the request of Duloxetine 60mg #30 is not medically necessary.