

Case Number:	CM15-0182714		
Date Assigned:	09/23/2015	Date of Injury:	05/03/2005
Decision Date:	11/03/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/17/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 35 year old female, who sustained an industrial injury on 5-3-2005. She reported a right ankle-foot injury from a slip. Diagnoses include right lower extremity complex regional pain syndrome (CRPS), psychiatric comorbidity, and chronic pain syndrome. Treatments to date include activity modification, medication therapy, physical therapy, TENS unit, therapeutic injection to the ankle, and lumbar sympathetic blocks. The records indicated the inserted pain stimulator was removed. Currently, she complained of ongoing pain in the right ankle and foot pain was rated 7 out of 10 VAS and 10 out of 10 VAS without medication. In addition, psychological symptoms of depression and poor sleep were noted. On 8-26-15, the physical examination documented tenderness with palpation, swelling, and decreased range of motion in the right ankle. The lumbar spine was noted to show decreased range of motion, tenderness and muscle spasms with decreased muscle strength in the right lower extremity. The plan of care included ongoing medication management. The appeal requested authorization for Cymbalta 30mg #60 with three refills; and a functional restoration program (FRP). The Utilization Review dated 9-4-15, denied the request for a functional restoration program and modified the request for Cymbalta to allow Cymbalta 30mg #60, no refills, per the California Medical treatment Utilization Schedule (MTUS) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: The MTUS Guidelines recommended the use of antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects should be assessed, including excessive sedation (especially that which would affect work performance). Per the ODG, Cymbalta is recommended as an option in first-line treatment of neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, with effect found to be significant by the end of week 1. In this case, there is evidence that the injured worker suffers from neuropathic pain and chronic pain syndrome that has benefited from the prior use of Cymbalta. Although the injured worker continues to be a good candidate for this medication, the request for 3 refills is not supported. This medication should be monitored frequently for continued effectiveness and side effects; therefore, the request for Cymbalta 30mg #60 with 3 refills is not medically necessary.

1 Functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs), Functional restoration programs (FRPs).

Decision rationale: The MTUS Guidelines recommend the use of multidisciplinary pain programs for patients with conditions that put them at risk of delayed recovery. The injured worker has experienced delayed recovery as a result of failed procedures, and the requesting physician reports that she is now permanent and stationary due to poor response to treatment. Multidisciplinary pain programs should be used with patients that are motivated to improve and return to work, and this is not indicated by the clinical documents provided. The criteria listed in by the MTUS Guidelines are not met for this injured worker, and negative and positive predictors of success have not adequately been addressed. The request for 1 functional restoration program is not medically necessary.

