

Case Number:	CM15-0185732		
Date Assigned:	09/25/2015	Date of Injury:	04/11/2011
Decision Date:	11/03/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/21/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 41-year-old female sustained an industrial injury on 4-11-11. Documentation indicated that the injured worker was receiving treatment for cervicgia and carpal tunnel syndrome. Previous treatment included physical therapy, chiropractic therapy, acupuncture, right carpal tunnel release and medications. In an initial evaluation dated 7-24-15, The injured worker complained of pain in the head, neck, upper back, mid back, bilateral shoulders, both arms, both elbows, both wrists and both hands, rated 7 to 8 out of 10 on the visual analog scale. Current medications included Methadone, Carafate, Sudafed, Albuterol, Flonase and Dulera. Physical exam was remarkable for cervical spine with tenderness to palpation over bilateral trapezius, levator scapulae and rhomboids, negative Spurling's bilaterally and range of motion: forward flexion 60 degrees, extension 30 degrees, rotation 20 degrees to the right and 30 degrees to the left, lumbar spine with tenderness to palpation over bilateral paraspinal musculature with negative straight leg raise, positive lumbar facet loading bilaterally and range of motion: 40 degrees forward flexion, 15 degrees extension and 20 degrees side bending bilaterally, right shoulder with tenderness to palpation and range of motion forward flexion 90 degrees, abduction 100 degrees, external rotation 40 degrees and internal rotation 50 degrees, 5 out of 15 strength to bilateral upper extremities, 4+ out of 5 right shoulder strength and intact sensation to bilateral upper extremities with the exception of the right median distribution. The treatment plan included a prescription for Cymbalta as an analgesic and anti-depressant. On 8-26-15, Utilization Review noncertified a request for Cymbalta 60mg #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #30: 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): Duloxetine (Cymbalta). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Anti-depressants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Cymbalta 60 mg #30 is not medically necessary. Cymbalta is recommended as an option in first-line treatment of neuropathic pain. Is FDA approved for treatment of depression, generalized anxiety disorder, and treatment of diabetic neuropathy. The effect is found to be significant by the end of week one. In this case, the injured worker's working diagnoses are cervicgia; carpal tunnel syndrome and opiate dependence. Date of injury is April 11, 2011. Request for authorization is August 19, 2015. According to a July 24, 2015 initial evaluation, subjective complaints include head pain, neck, back, bilateral shoulders, elbows wrists and forearm pain. Pain is 8/10. Medications help. Current medications include methadone 10 mg, Carafate, pseudofed, and inhalers. The injured worker has a history of depression. The documentation indicates Cymbalta was prescribed as far back as July 10, 2012. There is no documentation demonstrating neuropathic symptoms or signs in the medical record. There is no documentation demonstrating objective functional improvement associated with the long-term use of Cymbalta. Based on clinical information and medical record, peer-reviewed evidence-based guidelines, no documentation reflecting neuropathic subjective symptoms or objective clinical findings and no documentation demonstrating objective functional improvement, Cymbalta 60 mg #30 is not medically necessary.