

Case Number:	CM15-0190685		
Date Assigned:	10/02/2015	Date of Injury:	04/28/2007
Decision Date:	11/12/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/28/2015

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: 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 53-year-old male, with a reported date of injury of 04-28-2007. The diagnoses include rib fracture, history of thoracic trauma, history of spinal cord stimulator trial with removal and failure, history of narcotic pump trial with removal and failure, history of hypoxic episode due to hypoventilation syndrome, and depression and anxiety disorder due to industrial onset. Treatments and evaluation to date have included Aspirin, Baclofen, Klonopin, Clonidine, Morphine, Nucynta, ketamine compound cream, Norco, TENS unit, Viibryd, Cymbalta (since at least 04-2014), narcotic pump trial (failed), and spinal cord stimulator trial (failed). The diagnostic studies to date have not been included in the medical records provided. The medical report dated 08-31-2015 indicates that the injured worker reported ongoing intractable pain in his right rib cage area. He also continued to have ongoing left ankle pain. It was noted that the injured worker continued to report ongoing issues of depression and anxiety. He found his psychotropic medications helpful in keeping his mood upbeat. The injured worker denied suicidal ideation. The treating physician noted that the injured worker's affect was "appropriate". The injured worker rated his pain (08-06-2015 to 08-31-2015) 8 out of 10 overall; 4 out of 10 at its best; and 10 out of 10 without medications. The physical examination showed limited range of motion of the back; tenderness over the right lateral thorax (previous removal of some of his ribs); and a clean, dry, and intact wound with some mild redness around the border on the left ankle. The treatment plan included a refill of medications including Cymbalta 60mg daily for musculoskeletal pain and depression. The injured worker remained on Social Security Disability. The request for authorization was dated 09-04-2015. The treating physician requested Cymbalta 60mg #30. On 09-16-2015, Utilization Review (UR) non-certified the request for Cymbalta 60mg #30.

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Duloxetine (Cymbalta®) Section.

Decision rationale: MTUS guidelines do not address the use of Cymbalta. 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, the injured worker has been prescribed this medication for a long period without significant reductions in pain or functional improvement and he states that he remains depressed. This medication was recommended for weaning purposes only in a previous review, therefore, the request for Cymbalta 60mg #30 is determined to not be medically necessary.