

Case Number:	CM15-0194657		
Date Assigned:	10/08/2015	Date of Injury:	12/26/2012
Decision Date:	11/19/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/05/2015

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: Emergency 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 injured worker is a 60 year old male, who sustained an industrial injury on 12-26-2012. The injured worker was diagnosed as having L5-S1 disc protrusion; status post left S1 radiculopathy, left lumbar paraspinal strain, left gluteus medius strain and left trochanteric bursitis. On medical records dated 07-07-2015, the subjective complaints were noted as right greater and left trigger finger symptoms and pain, ongoing neck, shoulder and low back discomfort. Objective findings were noted as having triggering of her right and left third digits with painful palpable nodule over both. Treatments to date included physical therapy and medication. Current medications were listed as Norco and Lidoderm. The Utilization Review (UR) was dated 09-17-2015. A request for Cymbalta was submitted. The UR submitted for this medical review indicated that the request for Cymbalta was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Duloxetine (Cymbalta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duloxetine (Cymbalta).

Decision rationale: Cymbalta/Duloxetine is a type of SNRI anti-depressant medication. As per MTUS Chronic pain guidelines, anti-depressants may be considered for neuropathic pain. This is an incomplete request with dose, frequency or total tablets requested. Prior prescription was noted to be Cymbalta 20mg BID #60 but there is no documentation concerning change in dosage or how many tablets was requested. As per MTUS guidelines, this medication cannot be approved without this information. The request is not medically necessary.