

Case Number:	CM15-0203394		
Date Assigned:	10/21/2015	Date of Injury:	08/15/2008
Decision Date:	12/09/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/15/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 57 year old woman sustained an industrial injury on 8-15-2008. Diagnoses include low back condition aggravation with degenerative changes, gait disturbance and left hip overloading with progressive pain and weakness, bilateral shoulder impingement syndrome, left knee aggravation due to overloading and cane ambulation, bilateral wrist degenerative joint disease secondary to overloading, situational reactive depression secondary to pain, obesity, bilateral carpal tunnel syndrome, cervical spine muscle spasm and chronic pain, migraine headaches aggravated by cervical condition, and pain induced depression. Treatment has included oral medications including Nucynta, Lyrica, Zorvolex (diclofenac) , Baclofen, Duloxetine, and Propranolol, physical therapy, trigger point injections, thoracic lumbar and sacral orthotic, Botox denervation, trigger point injections, and surgical intervention. Physician notes dated 7-7-2015 show complaints of increased coccyx and left hip pain. The physical examination shows tenderness to palpation of the thoracic spine with taut bands and trigger points, a noticeable decrease of range of motion in the bilateral shoulders, right elbow and distal forearm tenderness, carpometacarpal joint show significant tenderness to palpation and grinding, severe tenderness to palpation of the palmar flexors tendons, and trigger points were noted to the lumbar spine with tenderness to palpation of the lumbar spine and sacroiliac joints. Recommendations include left hip sacroiliac injection, continue medications, and follow up in two weeks. The patient's surgical history include right hip arthroscopy in 2009; left wrist surgery in 2014. The patient has had history of depression. The patient has had MRI of the lumbar spine on 6/2015 that revealed disc protrusions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine (Cymbalta) 20mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duloxetine (Cymbalta). Decision based on Non-MTUS Citation Thompson Micromedex FDA labeled indication for Cymbalta.

Decision rationale: Request: Duloxetine (Cymbalta) 20mg #120. Cymbalta contains Duloxetine Hydrochloride. As per cited guideline "Duloxetine (Cymbalta): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy." Diagnoses include low back condition aggravation with degenerative changes, gait disturbance and left hip overloading with progressive pain and weakness, bilateral shoulder impingement syndrome, left knee aggravation due to overloading and cane ambulation, bilateral wrist degenerative joint disease secondary to overloading, situational reactive depression secondary to pain, obesity, bilateral carpal tunnel syndrome, cervical spine muscle spasm and chronic pain, migraine headaches aggravated by cervical condition, and pain induced depression. Physician notes dated 7-7-2015 show complaints of increased coccyx and left hip pain. The patient's surgical history include right hip arthroscopy in 2009; left wrist surgery in 2014. The patient has a history of depression. The physical examination shows tenderness to palpation of the thoracic spine with taut bands and trigger points, a noticeable decrease of range of motion in the bilateral shoulders, right elbow and distal forearm tenderness, carpometacarpal joint show significant tenderness to palpation and grinding, severe tenderness to palpation of the palmar flexors tendons, and trigger points were noted to the lumbar spine with tenderness to palpation of the lumbar spine and sacroiliac joints. The patient has had a MRI of the lumbar spine on 6/2015 that revealed disc protrusions. The patient has a history of depression along with documented objective evidence of chronic myofascial pain. The medication Duloxetine is deemed medically appropriate and necessary in such a patient. Therefore, the request for Duloxetine (Cymbalta) 20mg #120 is medically necessary for this patient at this time.

Unreadable med 3.5mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Unreadable med 3.5mg #90. As per the cited guideline, "Choice of pharmacotherapy must be based on the type of pain to be treated and there may be more than one pain mechanism involved. The physician should tailor medications and dosages to the individual taking into consideration patient-specific variables such as comorbidities, other

medications, and allergies. The physician should be knowledgeable regarding prescribing information and adjust the dosing to the individual patient. If the physician prescribes a medication for an indication not in the approved FDA labeling, he or she has the responsibility to be well informed about the medication and that its use is scientific and evidence-based. When effective, medications provide a degree of analgesia that permits the patients to engage in rehabilitation, improvement of activities of daily living, or return to work. There are no drugs that have been proven to reverse, cure, or 'heal' chronic pain." This is a request for "Unreadable med 3.5mg #90." The exact name of the medication prescribed and its intended use, was not specified in the records specified. The detailed rationale for the use of the "unreadable med 3.5mg #90" was not specified in the records specified. The medical necessity of the request for Unreadable med 3.5mg #90 is not fully established for this patient. Therefore, the requested treatment is not medically necessary.