

Case Number:	CM15-0205018		
Date Assigned:	10/21/2015	Date of Injury:	03/01/2009
Decision Date:	12/03/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/19/2015

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:

The injured worker is a 51-year-old female, with a reported date of injury of 03-01-2009. The diagnoses include complex regional pain syndrome, severe right upper extremity pain, left upper extremity pain, and neck pain. The progress report dated 09-14-2015 indicates that the injured worker complained of right wrist and right arm pain. She rated her wrist pain level 9 out of 10. It was noted that the right complex regional pain syndrome had now spread to the right shoulder. The objective findings include tenderness of the right upper extremity, neck, and left upper extremity. The injured worker has been instructed to remain off work until 09-28-2015. The progress report dated 09-28-2015 indicates that the injured worker presented for follow-up of the right wrist, arm, psych, and complex regional pain syndrome. The injured worker stated that she felt the same since the last visit. Her pain level was rated 9 out of 10. It was noted that the injured worker had severe intractable pain with signs and symptoms of complex regional pain syndrome and reflex sympathetic dystrophy; and she was on several medications, which were beneficial. The objective findings include severe pain over the right upper extremity; sensitive to touch; and tenderness to palpation of the shoulder, right arm, and all other body areas. It was noted that the injured worker was not working. The diagnostic studies to date have included a urine drug screen on 01-23-2015 with inconsistent findings for hydromorphone. Treatments and evaluation to date have included Tizanidine, Duloxetine (since at least 01-2015), Dilaudid, Exalgo, Ibuprofen, home health care, spinal cord stimulator, and a wheelchair. The request for authorization was dated 09-15-2015. The treating physician requested Duloxetine 30mg #30. On 10-14-2015, Utilization Review (UR) non-certified the request for Duloxetine 30mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine 30mg, #30: 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): Antidepressants for chronic pain, SNRIs (serotonin noradrenaline reuptake inhibitors).

Decision rationale: The requested Duloxetine 30mg, #30, is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-16, note that Cymbalta is "FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of Duloxetine for lumbar radiculopathy." The injured worker has symptoms of complex regional pain syndrome and reflex sympathetic dystrophy; and she was on several medications, which were beneficial. The objective findings include severe pain over the right upper extremity; sensitive to touch; and tenderness to palpation of the shoulder, right arm, and all other body areas. It was noted that the injured worker was not working. The diagnostic studies to date have included a urine drug screen on 01-23-2015 with inconsistent findings for hydromorphone. Treatments and evaluation to date have included Tizanidine, Duloxetine (since at least 01-2015), Dilaudid, Exalgo, Ibuprofen, home health care, spinal cord stimulator, and a wheelchair. The treating physician has documented evidence of chronic and neuropathic pain establishing the medical necessity for this anti-depressant medication. The criteria noted above having been met, Duloxetine 30mg, #30 is medically necessary.