

Case Number:	CM15-0207350		
Date Assigned:	10/26/2015	Date of Injury:	12/11/2013
Decision Date:	12/07/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/21/2015

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: Arizona, 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:

The injured worker was a 41 year old male, who sustained an industrial injury, December 11, 2013. The injured worker was undergoing treatment for partial thickness tear of the supraspinatus and infraspinatus tendons, right thoracic facet joint pain, thoracic facet joint arthropathy, thoracic strain and or sprain, right shoulder impingement, right shoulder pain, right shoulder tendinitis, bilateral sternal strain, chronic sternal pain, right axilla pain, neuropathic pain, brachial plexopathy and depression. According to progress note of September 9, 2015, the injured worker's chief complaint was thoracic back pain, bilateral sternal pain, right shoulder pain ad right axilla pain that may radiate into the right upper arm. The thoracic back pain was worse and the thoracic range of motion was 50% worse. The physical exam noted tenderness with palpation of the thoracic paraspinal muscles, bilateral sternum and pectoralis, right shoulder and right axilla. The right shoulder range of motion was restricted by pain in all directions. The right shoulder impingement signs, included Neer's and Hawkin's were positive. The thoracic range of motion was restricted by pain in all directions and decreased by 50%. There was tenderness upon palpation of the thoracic paraspinal muscles overlying the bilateral T7-T8 and T9-T10 facet joints. The thoracic extension was worse than flexion. The injured worker was scheduled for right shoulder surgery on September 30, 2015. The injured worker previously received the following treatments urine drug screening on June 17, 2015 with several inconsistent findings, current medication were Cymbalta since April 1, 2015, Lyrica and Percocet. The RFA (request for authorization) dated the following treatments were requested a prescription for Cymbalta 60mg #30 with 2 refills. The UR (utilization review board) denied

certification on September 24, 2015; for a prescription for Cymbalta 60mg #30 with 2 refills and modified to Cymbalta 60mg #30 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) antidepressants and pg 17.

Decision rationale: Cymbalta is an SNRI antidepressant. Antidepressants are an option, but there are no specific medications that have been proven in high quality studies to be efficacious for treatment of lumbosacral radiculopathy. SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition. SSRIs are indicated for major depression. The claimant had been on Cymbalta for several months. There was not consistent information regarding depression response or behavioral interventions. Future need cannot be determined. The continued use of Cymbalta with 2 refills is not medically necessary.