MAXIMUS Federal Services

Case Number:	CM15-0207674		
Date Assigned:	10/26/2015	Date of Injury:	10/31/2003
Decision Date:	12/09/2015	UR Denial Date:	09/30/2015
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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55-year-old male who sustained an industrial injury on October 310, 2015. The worker is being treated for: LUE tendinitis, lateral and medical epicondylitis status post release right, CTS; exacerbation of previous right ulnar neuropathy, status post ulnar nerve transposition, resolved; entrapment neuropathy upper limb. Subjective: August 09, 2012 he reported pain level remained unchanged since last visit; neck pain radiating down bilateral arms, bilateral shoulder pain, and bilateral elbow pain. He further reports having trouble sleeping. October 15, 2015 he reported bilateral upper extremity pain with associated tingling over the left elbow, 4th and 5th fingers; poor quality of sleep. Objective: October 15, 2015 noted the patient with gait stooped to the left; tenderness to palpation of the paracervical muscles; bilateral shoulders with generalized tenderness and limited range of motion due to pain; left elbow incision benign; right wrist with positive Phalen's and Tinel's; sensory noted with light touch is patchy in distribution and to pinprick is decreased over medial forearm, lateral forearm left side. Medications: August 09, 2012, November 29, 2012: Robaxin and Elavil. November 29, 2012 also prescribed Pennsaid. July 23, 2015: Flexeril, Voltaren gel, Cymbalta, and Neurontin. June 25, 2015, and August 20, 2015: Flexeril, Voltaren gel, Cymbalta, and Neurontin. September 17, 2015, October 15, 2015: Flexeril, Voltaren gel, Cymbalta, Neurontin, Omeprazole, and Tramadol. Diagnostics: MRI bilateral shoulders, bilateral elbows, August 2012. Treatments: activity modification, medications. On September 23, 2015, a request was made for Cymbalta 30mg #60 with one refill that was modified by Utilization Review on September 30, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #60 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): SNRIs (serotonin noradrenaline reuptake inhibitors).

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

Decision rationale: The current request is for CYMBALTA 30MG #60 WITH 1 REFILL. Treatment history include status post ulnar neurolysis at the left elbow on 03/17/15, physical therapy, and medications. MTUS Guidelines, Duloxetine (Cymbalta) Section, pages 16-17 state: "Duloxetine (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. Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks." MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per report 09/17/15, the patient presents with chronic neck pain that radiates into both arms, with tingling sensation noted over the left elbow and fourth and fifth left fingers. The patient rated pain at 5/10 with medications, and 7/10 without medications. The treater states that the patient is stable on medications, and the patient's function and ADL’s are improved optimally on the current doses of medications. The treater requested continued medication management. This patient has been utilizing Cymbalta since at least at least 06/25/15. This patient presents with chronic radicular pain in the upper extremities, and medication efficacy has been documented throughout the reports. Given such, continued use is supported. This request IS medically necessary.