MAXIMUS Federal Services

Case Number:	CM15-0212541		
Date Assigned:	11/02/2015	Date of Injury:	10/20/2006
Decision Date:	12/15/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	10/28/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 45 year old female who sustained an industrial injury on 10-2-06. Medical records indicate that the injured worker has been treated for pain disorder with related psychological factors; pain in unspecified shoulder. She currently (10-13-15) complains of left shoulder pain. Her pain level without medication was 3 out of 10. Her sleep is fair and her activity level has increased per documentation (10-13-15). Her prior pain level (6-23-15) was 6 out of 10 and her sleep was documented as poor. On physical exam of the cervical spine there was tenderness; right and left shoulder exam revealed tenderness on palpation with restricted range of motion due to pain. Treatments to date include medications: [redacted] medicated patch 5%; Gabapentin, Pennsaid 2% solution, Celebrex, [redacted] Heat Patch, Doxipen, Cymbalta (since at least 6-23-15), [redacted] ointment. In the progress note dated 10-13-15 the treating provider's plan of care included a request for Cymbalta as it has improved her mood which "has a medical overlay on her chronic pain". The request for authorization dated 10-16-15 was for Cymbalta 60mg #60 with 3 refills. On 10-23-15 Utilization Review non-certified the request for Cymbalta 60mg #60 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #60 with 3 refills: 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): Antidepressants for chronic pain.

Decision rationale: The claimant sustained a work injury occurring in October 2006 and is being treated for chronic shoulder pain. When seen, she had graduated from treatment in a functional restoration program with participation from March to April 2015. Pain was rated at 3/10. She had an increased activity level. Review of systems was negative for depression. Medications included Gabapentin 300 mg to 600 mg at bedtime. Doxepin and Cymbalta were also being prescribed. Physical examination findings included a body mass index over 33. There was paracervical, rhomboid, and trapezius muscle tenderness. There was decreased and painful shoulder range of motion with tenderness. There was decreased left upper extremity sensation. Authorization for continued prescribing of Cymbalta was requested. The assessment references it as improving the claimant's mood which had a medical overlay on her chronic pain. Antidepressant medications are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Cymbalta is in a class of medications called serotonin-norepinephrine reuptake inhibitors (SNRIs). These medications are used off label for fibromyalgia, neuropathic pain, and diabetic neuropathy. In this case, the claimant is being treated for chronic shoulder pain with no diagnosis of either neuropathic pain or major depressive disorder. If there were neuropathic pain, then the claimant's Gabapentin dose which is less than the recommended 1200 mg titration could be increased. If an antidepressant was being considered, the claimant is already taking Doxepin and adjusting the dose could be recommended. For any of these reasons, ongoing prescribing of Cymbalta is not considered medically necessary.