

Case Number:	CM15-0216826		
Date Assigned:	11/06/2015	Date of Injury:	01/28/2009
Decision Date:	12/31/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/03/2015

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 60 year old female, who sustained an industrial injury on 1-28-2009. The medical records indicate that the injured worker is undergoing treatment for lumbosacral neuritis, right arm joint pain, and shoulder sprain. According to the progress report dated 10-19-2015, the injured worker presented with complaints of unchanged pain in the right upper arm, described as aching and tightness. On a subjective pain scale, she rates her pain 3-4 out of 10. The physical examination did not reveal any significant findings. The current medications are Flector, Cymbalta, Etodolac, Ultracet, Lidoderm, Ambien, and Prevacid. The records do not indicate when Cymbalta or Flector were originally prescribed. Previous diagnostic studies include x-rays and MRI studies. Treatments to date include medication management, heat, ice, physical therapy, home exercise program, TENS unit, massage therapy, chiropractic, acupuncture, and trigger point injection. Work status is described as working (temporarily partially disabled). The original utilization review (10-28-2015) partially approved a request for Cymbalta 60mg #45 (original request was for #90). The request for Flector 1.3% #180 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60 mg qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The injured worker sustained a work related injury on 1-28-2009. The medical records provided indicate the diagnosis of lumbosacral neuritis, right arm joint pain, and shoulder sprain. Treatments have included heat, ice, physical therapy, home exercise program, TENS unit, massage therapy, chiropractic, acupuncture, and trigger point injection. The medical records provided for review do not indicate a medical necessity for Cymbalta 60 mg qty 90. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs) that is FDA approved for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy. The MTUS states that further research is needed to support its use in the treatment of other types of neuropathies. The medical records indicate the injured workers pain is unchanged despite the previous use of the medication. The MTUS recommends a documentation of at least 30 % pain reduction from baseline value for continued use of the medication. Therefore, the requested treatment is not medically necessary.

Flector 1.3% qty 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Flector patch (diclofenac epolamine).

Decision rationale: The injured worker sustained a work related injury on 1-28-2009. The medical records provided indicate the diagnosis of lumbosacral neuritis, right arm joint pain, and shoulder sprain. Treatments have included heat, ice, physical therapy, home exercise program, TENS unit, massage therapy, chiropractic, acupuncture, and trigger point injection. The medical records provided for review do not indicate a medical necessity for Flector 1.3% qty 180. Flector patch is a topical analgesic, and like other topical analgesics, the MTUS recommends a documentation of failed treatment with antidepressants and anticonvulsants before topical analgesics can be used. Also, the Official Disability Guidelines does not recommend the use of Flector patch as a first-line treatment due to numerous serious side effects. Since there was no documentation of failed treatment with first-line medications, the use of this medication is not medically necessary.