

Case Number:	CM15-0224006		
Date Assigned:	11/20/2015	Date of Injury:	12/21/2004
Decision Date:	12/31/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/13/2015

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: 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 48 year old male, who sustained an industrial injury on 12-21-04. Medical records indicate that the injured worker is undergoing treatment for chronic persistent right shoulder pain, chronic neck pain, chronic low back pain, right lower extremity pain, chronic abdominal discomfort and gastric reflux. The injured workers current work status was not identified. On (9-24-15) the injured worker complained of severe left groin pain and left upper quadrant abdominal pain. Objective findings noted the injured worker was having a difficult time and was hunched over. Physical examination revealed tenderness to light palpation over the left upper quadrant and down towards the left inguinal ligament and the left groin region. Treatment and evaluation to date has included medications, medial branch blocks, MRI of the lumbar spine and a right inguinal hernia repair. Current medications include Cymbalta (since at least November of 2014), Percocet, Prilosec and Neurontin. The treating physician noted that the use of Neurontin significantly helps the injured workers radiating symptoms by at least 30%. The Request for Authorization dated 10-5-15 is for Cymbalta 30mg #60 with 1 refill. The Utilization Review documentation dated 10-14-15 non-certified Cymbalta 30mg #60 with 1 refill.

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: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Duloxetine (Cymbalta) Section.

Decision rationale: MTUS guidelines do not address the use of Cymbalta specifically, therefore, alternative guidelines were consulted. Per the ODG, Cymbalta is recommended as an option in first-line treatment of neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, with effect found to be significant by the end of week 1 (effect measured as a 30% reduction in baseline pain). In this case, there are conflicting reports concerning pain relief. In one report, he stated that he was not receiving much pain relief from Cymbalta. Additionally, there is a lack of objective evidence of functional improvement. Furthermore, this medication has been approved for weaning purposes only in past reviews. The request for Cymbalta 30mg, #60 with 1 refill is determined to not be medically necessary.