

Case Number:	CM15-0031970		
Date Assigned:	02/25/2015	Date of Injury:	12/23/1997
Decision Date:	04/08/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/20/2015

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, 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:

This is a 58-year-old male patient who sustained a work-related injury to the neck on 12/23/1997. Diagnoses include chronic pain, myofascial pain, cervical spondylosis without myelopathy, insomnia, displacement of cervical intervertebral disc without myelopathy and spinal enthesopathy. According to the progress notes from the treating provider dated 1/20/15, he had complaints of constant neck pain. The physical examination revealed normal cervical range of motion. The medications list includes zanaflex, cymbalta, acetaminophen, tramadol and norco. Patient is having history of depression. His surgical history includes vasectomy. He has had acupuncture for this injury. The treating provider requests Cymbalta 30mg, #56. The Utilization Review on 02/06/2015 non-certified the request for Cymbalta 30mg, #56. References cited were CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuation of Cymbalta 30mg #56: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs):Duloxetine (Cymbalta), page 15.

Decision rationale: Cymbalta contains duloxetine which is Selective serotonin and norepinephrine reuptake inhibitors (SNRIs). Per the Chronic Pain Medical Treatment Guidelines MTUS, duloxetine 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". Per the records provided patient has chronic neck pain with history of depression. SNRIs like cymbalta are a first line option for patients with chronic pain and depression. The request for Continuation of Cymbalta 30mg #56 is medically appropriate and necessary for this patient.