

Case Number:	CM15-0043442		
Date Assigned:	03/13/2015	Date of Injury:	07/06/2010
Decision Date:	05/01/2015	UR Denial Date:	02/28/2015
Priority:	Standard	Application Received:	03/09/2015

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, Arizona

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 57-year-old female who reported injury on 07/06/2010. The mechanism of injury was not provided. The injured worker was utilizing Cymbalta since at least 10/2014. The documentation of 02/10/2015 revealed the injured worker had complaints of neck and left shoulder pain. The injured worker indicated that pain radiated into the fingers. The pain was a 4/10. The pain was noted to be relieved by massage and a TENS unit. Associated symptoms included numbness, tingling headaches and weakness. The injured worker had difficulty sleeping due to pain, anxiety and spasms. The injured worker indicated her pain, due to irritability, had affected relationships with other people, withdraw, stress, depression and concentration/memory problems. The symptoms were noted to have gotten worse. The injured worker's current medications included Cymbalta 20 mg 2 tablets daily, Norco 10/325 mg 1 every 8 hours as needed and Biofreeze 4% roll on. The physical examination revealed trigger points in the upper trapezius, lower trapezius and splenius capitis bilaterally. The injured worker had painful limited range of motion of the cervical spine. Diagnoses included cervical radiculopathy and shoulder strain, as well as lumbosacral strain. The treatment plan and discussion included that the physician was stopping the Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 20 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain and they are recommended especially if the pain is accompanied by insomnia, anxiety or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes of the use of other analgesic medications, sleep quality and duration and psychological assessments. The clinical documentation submitted for review indicated the medication was non-beneficial and the medication was stopped. The request as submitted failed to indicate the date of service being requested, as well as the frequency for the requested medication. Given the above, the request for Cymbalta 20 mg #60 is not medically necessary.