

Case Number:	CM15-0044063		
Date Assigned:	03/16/2015	Date of Injury:	04/28/2006
Decision Date:	04/17/2015	UR Denial Date:	02/18/2015
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: New Jersey
 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:

The injured worker is a female, who sustained an industrial injury on April 28, 2006. She reported injury of the right ankle, left shoulder, and low back. The injured worker was diagnosed as having persistent low back pain, osteoarthritis, chronic right ankle pain, left posterior shoulder pain. Treatment to date has included medications, x-rays, magnetic resonance imaging. On October 1, 2014, she complains of stomach issues, and was advised to stop taking Relafen. She reports that the current medication regimen is helpful. The current medications are Tramadol ER 150mg, Prilosec 20mg, Colace 100mg, Cymbalta 60mg, and Lidoderm patches. She is reported to have a normal gait, good strength in all 4 extremities, and a decreased range of motion of the lumbar spine. The current treatment plan included continuation of Lidoderm patches, stopping Relafen and Elavil, continuation of Prilosec and Tramadol, a urine drug screen, and follow-up in 2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60 mg daily #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta
Page(s): 43.

Decision rationale: Duloxetine, a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI), specifically is recommended by the MTUS as a first-line treatment option for neuropathic pain. It is not to be used by those with hepatic insufficiency or substantial alcohol use. It may be used for the treatment of depression, anxiety, fibromyalgia, and neuropathic pain. In the case of this worker, Cymbalta was used leading up to this request for renewal, reportedly providing help (not defined) with overall pain and giving her motivation to get through the day. However, this report regarding Cymbalta needs to include a measurable and specific functional gain as it relates directly to the Cymbalta and specific and independent effect on the worker's pain level (measurable) in order to justify continuation. Therefore, without more specific reporting to help justify the Cymbalta, it will be considered medically unnecessary.