

Case Number:	CM15-0050123		
Date Assigned:	03/23/2015	Date of Injury:	07/23/2008
Decision Date:	05/06/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/17/2015

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, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 65 year old male who sustained an industrial injury on July 23, 2008. There was no mechanism of injury documented. The injured worker was diagnosed with traumatic brain syndrome, post-concussion syndrome and seizures. According to the primary treating physician's progress report on January 13, 2015 the injured worker was evaluated and found to be exploring new activities and increasing his activity levels. Headaches continue with increase stress, anxiety and when looking up or walking up and down stairs. The injured worker feels he is prone to emotional mood swings. Speech was slow with mild difficulty with complex sentences. Motor examination was well preserved without balance disturbances. He has not seen a psychiatrist for over a year. No recent seizure activity was noted. Current medications are listed as Cymbalta, Clonazepam, Trileptal, and Nuvigil. Treatment plan consists of continuing to stay active and medication as prescribed. The request for authorization is for Duloxetine HCL.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine HCL 60mg Quantity: 60 for 30 Day Supply (Refill 0 Of 1): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43-44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
SPECIFIC ANTIDEPRESSANTS Page(s): 15-16.

Decision rationale: Duloxetine is FDA approved for diabetic neuropathy. It is also used off label for neuropathic pain and radiculopathy. There is no clear evidence that the patient have diabetic neuropathy. There is no documentation about the efficacy of the drug for the management of the patient's pain A prolonged use of Cymbalta in this patient cannot be warranted without continuous monitoring of its efficacy. Therefore, the request of Duloxetine HCL 60mg #30 is not medically necessary.