

Case Number:	CM15-0059777		
Date Assigned:	04/06/2015	Date of Injury:	12/09/2012
Decision Date:	05/06/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/30/2015

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, Illinois

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:

This 49-year-old man sustained an industrial injury on 12/9/2012. The mechanism of injury is not detailed. Valuations include right shoulder x-rays with an undisclosed date and a right shoulder MRI performed in December 2014. Diagnoses include bicep tenosynovitis, subacromial impingement syndrome, partial thickness rotator cuff tear, and right glenohumeral arthritis. Treatment has included oral medications, steroid injections, and surgical intervention. Physician notes from an initial consultation dated 3/16/2015 show complaints of right shoulder pain with instability. Injections were administered to the glenohumeral joint during this visit with no improvement noted. Recommendations include stop smoking, re-start some gentle exercises, possible surgical intervention, physician consultation with a shoulder expert, and follow up in four to six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14-16.

Decision rationale: The injured worker sustained a work related injury on 12/9/2012. The medical records provided indicate the diagnosis of tenosynovitis, subacromial impingement syndrome, partial thickness rotator cuff tear, and right glenohumeral arthritis. Treatment has included oral medications, steroid injections, and surgical intervention. The medical records provided for review do not indicate a medical necessity for Cymbalta 30 mg. The Anti-depressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Duloxetine (Cymbalta), is a Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) antidepressant which is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. However, the MTUS does not recommend its use in the treatment of neuropathic pain, except for treating Diabetic neuropathy. The injured worker has not been diagnosed of diabetic neuropathy; besides, the records indicate worsening pain despite the use of the medication.