

Case Number:	CM15-0084405		
Date Assigned:	05/06/2015	Date of Injury:	01/20/2014
Decision Date:	06/08/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/01/2015

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: Connecticut, California, Virginia
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:

The injured worker is 47 year old male, who sustained an industrial injury on January 20, 2014. The injury occurred when the injured worker was pushing a hot box at an arena. The hot box tipped over causing the crush injury to the left forearm. The injured worker has been treated for neck, left shoulder and left upper extremity complaints. The diagnoses have included a crushing injury of the upper limb, chronic pain regional syndrome, other pain of the shoulder region, carpal tunnel syndrome, lesion of ulnar nerve, neck sprain/strain, mononeuritis of the arm, cervicobrachial syndrome, algodystrophy of the hand and psychophysiological disorder. Treatment to date has included medications, radiological studies, functional restoration program, physical therapy, splinting, transcutaneous electrical nerve stimulation unit and stellate ganglion block on the right. Current documentation dated April 2, 2015 notes that the injured worker reported neck, left shoulder, left forearm and left wrist and hand pain. The left wrist pain radiated to the forearm and hand and was characterized as constant and burning. Associated symptoms included numbness and tingling. The pain was rated a five-seven out of ten on the visual analogue scale. The injured workers neck and left shoulder pain was noted to be almost constant and radiated between the shoulders. Examination of the left upper extremity revealed limited motion. The left hand was noted to be markedly cooler and had an increased sweat pattern. Grasp was markedly weak and Tinel's sign was positive. The left forearm had a slight mass from the direct blow. Left elbow examination revealed tenderness of the medial and lateral epicondyle. Cubital Tinel's testing was positive. Left shoulder exam showed moderate tenderness in the bicipital groove and a decreased range of motion. The treating physician's plan of care included a request for the medication Cymbalta 20 mg # 90 with three refills for the neuropathic pain in the left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 20 mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14, 15-18.

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

Decision rationale: According to the MTUS, Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is used off-label for neuropathic pain and radiculopathy. The drug is recommended as a first-line option for diabetic neuropathy but more studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. Duloxetine can also cause sexual dysfunction. In this case, there is not sufficient evidence of objective improvement on the medication to indicate clinical value with continued use. Therefore, the decision by utilization review to modify the request to allow for safe discontinuation of the drug is reasonable, and the initial request for 90 tablets with three refills is not considered medically necessary.