

Case Number:	CM14-0119024		
Date Assigned:	08/08/2014	Date of Injury:	07/06/2010
Decision Date:	10/14/2014	UR Denial Date:	07/19/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 57-year-old female with a 7/6/10 date of injury. The mechanism of injury was related to hitting her head while walking under a low overhead clearance. According to a progress report dated 6/19/14, the patient presented with ongoing pain in the neck and left shoulder radiating from the base of the head down into shoulders, back, and down to fingers. She rated her pain a 4 on a scale of 0 to 10. Associated symptoms include numbness and tingling, weakness, and headaches. The patient stated that her relationships with other people have been affected by her pain due to irritability, withdrawal, stress, and depression. Objective findings: pain limited range of motion of the cervical spine, sensation intact to light touch in dermatomes C6-C8 bilaterally, positive Spurling's test cervical spine. Diagnostic impression: cervical radiculopathy, shoulder strain, lumbosacral strain. Treatment to date: medication management, activity modification, TENS unit. A UR decision dated 7/19/14 denied the request for Cymbalta. The urine drug screen was non-compliant for this requested medication. It would be premature to prescribe this medication before finding out additional information regarding the patient's non-compliance with her prescribed medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 20 mg #60: Overturned

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

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

Decision rationale: CA MTUS states, that Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia; is used off-label for neuropathic pain and radiculopathy, and is recommended as a first-line option for diabetic neuropathy. It is noted that the patient has subjective complaints of numbness and tingling, weakness. She has also been diagnosed with cervical radiculopathy. Guidelines support the use of Cymbalta as a first-line agent for neuropathic pain. In addition, the patient stated that she has been suffering from depression. Cymbalta is also supported for treatment of depression. Therefore, the request for Cymbalta 20mg #60 was medically necessary.