

Case Number:	CM14-0176047		
Date Assigned:	10/29/2014	Date of Injury:	05/14/1999
Decision Date:	12/05/2014	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	10/23/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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:

The patient is a 46-year-old male with an injury date of 05/14/1999. Based on the 09/25/2014 progress report, the patient has chronic mid to upper back pain and chronic left knee pain. He rates his pain as a 7/10 without medications and a 4/10 with medications. The patient is able to stand and walk for up to 30 to 45 minutes with medications and is able to walk 20 minutes without medications. There was tenderness to palpation noted in the upper thoracic spine corresponding to the T3-T6 levels. Tenderness was noted in the bilateral rhomboid regions, with some slight tenderness overlying the left scapula. In regards to the knees, the patient has some slight tenderness at the medial aspect of the left knee. There was slight crepitus noted upon active ranging in both knees. The patient has reduced sensation to touch at his right cheek. The patient is status post left knee arthroscopy with synovectomy and excision of plica on 07/01/2010. No list of diagnoses was provided. The 07/20/2014 MRI of the left knee revealed a split in the anterior meniscal tibial root, with anterior interval ganglion cyst. The 01/24/2014 MRI of lumbar spine revealed multilevel degenerative changes with a tiny peripheral annular tear in the right neuroforaminal at L5-S1 with a 1- to 2-mm protrusion. Mild facet degenerative changes are noted at L4-L5 with mild to moderate left and minimal right foraminal stenosis. There is a minimal ventral and lateral disk osteophyte complex at L2-L3 and L3-L4 with diffuse annular bulging. The patient's diagnoses includes chronic thoracic strain, residual left knee internal derangement, status post left knee arthroscopy with synovectomy and excision of plica, situational depression/anxiety and pain-related insomnia. The utilization review determination being challenged is dated 10/18/2014. Treatment reports were provided from 07/17/2013 - 10/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta DR 30mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16,17.

Decision rationale: Based on the 10/23/2014 progress report, the patient complains of having thoracic spine pain as well as left knee pain. The request is for Cymbalta DR 30 mg #30. The patient has been taking Cymbalta as early as 07/17/2013. For Cymbalta, MTUS Guidelines page 16 and 17, "duloxetine is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy." The 10/23/2014 report states, "The Cymbalta helps prevent panic attacks...The Cymbalta is necessary to help manage the patient's situational depression/anxiety such that he is adequately motivated with activities of daily living and he is able to cope with daily stresses." Recommendation is for authorization.