

Case Number:	CM14-0084803		
Date Assigned:	07/21/2014	Date of Injury:	04/28/1999
Decision Date:	10/01/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/06/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 67-year-old female who reported an injury on 04/28/1999. The mechanism of injury is not provided. On 05/06/2014, the injured worker presented with upper extremity bilateral pain in the hands and wrists aggravated by activity. Reports of pain in the lower extremity and bilateral knees. Upon examination there was tenderness noted in the bilateral knees and moderate swelling to the left knee. Range motion was decreased due to pain in the lower extremities with decreased motor strength. An x-ray of the right knee dated 01/07/2014 noted mild degenerative changes of the patellofemoral joint and medial compartment of the right knee. The diagnoses were bilateral carpal tunnel syndrome, bilateral knee pain, myositis/myalgia, osteoarthritis, depression, chronic pain, status post carpal tunnel release bilaterally, and status post bilateral knee surgery. Current medications included Cymbalta, Norco, Senekot, Relafen, and tizanidine. The provider recommended Cymbalta 30 mg with a quantity of 60, the provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30 mg #60, as outpatient for bilateral wrists, bilateral knees and right shoulder.:
Upheld

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 Duloxetine (Cymbalta), Page(s): 43.

Decision rationale: The requested Cymbalta 30 mg with a quantity of 60 as outpatient for bilateral wrists, bilateral knees, and right shoulder is non-certified. California MTUS Guidelines recommend Cymbalta as an option for first line treatment of neuropathic pain. Assessment of treatment efficacy should not include only pain outcomes but also evaluation of function, changes in other analgesic medication, sleep quality, and duration, and psychological assessment. There is lack of evidence of an objective assessment of the injured worker's pain level. Furthermore, there is lack of documented evidence of efficacy of the injured worker's prior courses of Cymbalta. The injured worker has been prescribed cymbatla since at least 01/2014. Additionally, the frequency of the medication has not been provided in the request as submitted. As such, the request is not medically necessary.