

Case Number:	CM14-0098586		
Date Assigned:	07/28/2014	Date of Injury:	09/03/2009
Decision Date:	10/20/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/26/2014

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 Medicine, 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 injured worker is a 46-year-old female who is reported to have sustained work-related injuries and 09/03/09. The mechanism of injury is not described. She is noted to have chronic left elbow shoulder and wrist pain. She complains of numbness and tingling of the affected limb. She was noted to have comorbid depression which is treated by psychotherapy and oral medications. When seen on 05/16/14, the injured worker is reported to be depressed and with moderate pain. She's unable to actively abduct or flex the left shoulder. Passive range of motion was normal. There is left elbow swelling. Left elbow range of motion is -20 to 100. Left elbow range of motion is restricted. Sensation was decreased over the middle finger on the left side. The record includes a utilization review determination dated 05/30/14 in which a request for Cymbalta 30 mg BID number 60 was noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Cymbalta 30mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 13-14,15-16.

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

Decision rationale: The request for Cymbalta 30 mg BID number 60 is not supported is medically necessary. The submitted clinical records indicate that the injured worker has multiple complaints involving the left upper extremity. She was on multiple medications which includes: clonazepam, naproxen, gabapentin, omeprazole and zolpidem. The injured worker's neuropathic pain appears to be well covered by use of gabapentin and the medical necessity for the addition of Cymbalta is not established.