

Case Number:	CM14-0159777		
Date Assigned:	10/03/2014	Date of Injury:	04/23/2014
Decision Date:	07/14/2015	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/29/2014

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. 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: New York

Certification(s)/Specialty: Internal 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 a 37 year old male, who sustained an industrial injury on April 23, 2014. The injury occurred when the injured worker was hit in the lip with a garage door and fell to the ground, sustaining a head injury, lip laceration and right knee injury. The diagnoses have included a closed head injury, post-concussion syndrome, lumbar sprain/strain, cephalgia, back spasm, lip laceration, right knee sprain/strain, leg pain, wrist pain, headaches and bilateral hand pain. Treatment to date has included medications, radiological studies and chiropractic care. Current documentation dated August 6, 2014 notes that the injured worker reported constant headaches, lumbalgia radiating into thighs, constant lower lip pain, constant facial and dental pain and occasional right knee pain. Objective findings included tenderness to palpation of the cervical and lumbar paraspinal muscles and the right anterior knee. Orthopedic testing included a mild positive Kemps test, which had improved, and a mild straight leg raise test which also had improved. Squatting was restricted due to right knee pain. The injured worker also was noted to have considerable facial tenderness. The treating physician's plan of care included a request for the medication Cymbalta 30 mg # 60 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg 1 Cap PO BID #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13 - 16.

Decision rationale: MTUS states that antidepressants may be used as a first line option for neuropathic pain, but long-term effectiveness of these drugs has not been established. Cymbalta is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. The use of this drug for neuropathic pain and radiculopathy is off label. MTUS recommends that assessment of treatment efficacy should include pain outcomes, evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The injured worker complains include headache, facial pain, radicular low back, and right knee pain. Documentation fails to show significant improvement in pain or level of function on current medication regimen. Per guidelines, the injured worker's diagnoses do not fit the criteria for use of Cymbalta in the presence of other available medications as first line option. The request for Cymbalta 30mg 1 Cap PO BID #60 with 1 refill is not medically necessary by MTUS.