

Case Number:	CM15-0013707		
Date Assigned:	02/02/2015	Date of Injury:	06/12/2011
Decision Date:	03/23/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/23/2015

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: California, Indiana, 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 35 year old male, who sustained an industrial injury on 6/12/2011. The current diagnoses are depression, post-traumatic stress disorder, and pain disorder. Per the pain diagram, the injured worker had pain over his entire body, except the left side of his head. The pain was rated 9-10/10 on a subjective pain scale. Treatment to date has included medications, psychotherapy and cognitive rehabilitation. The treating physician is requesting Duloxetine HCL 30 mg #30, which is now under review. On 12/29/2014, Utilization Review had non-certified a request for Duloxetine HCL 30 mg #30. The Duloxetine was modified to #15 for the purposes of weaning. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine HCL 30 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Duloxetine

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, Duloxetine 30 mg #30 is not medically necessary. Duloxetine (Cymbalta) is recommended as an option in first-line treatment of neuropathic pain. Duloxetine is a norepinephrine and serotonin reuptake inhibitor antidepressant. In this case, the injured worker's working diagnoses are reflex sympathetic dystrophy right upper extremity; amputation of tips of fingers; degenerative changes right shoulder; dysfunction; depression; anxiety; PTSD; back pain questionable strain. Subjectively, the injured worker is on medications that the injured worker does not think is helping (pursuant to a December 11, 2014 progress note). The documentation also states symptoms are improved with medications with the hand wrapped. Objectively, there was no sensory examination performed and the gait appeared normal. Medications include Nucynta, Lyrica, Pepcid, Prazocin, Seroquel, Cymbalta for nerve pain/depression, Viagra, Relafen, Zofran, Abilify, fentanyl patches, Neurontin, and a history of Norco use. The treating physician does not distinguish what medications are being used for what purpose. The injured worker is taking Cymbalta for neuropathic pain in addition to depression. The injured worker is also taking Lyrica and Neurontin. Lyrica and Neurontin have similar indications. Additionally, the documentation is conflicting as to whether the medications are providing subjective/objective relief or no relief of symptoms. Consequently, absent clinical documentation to support the ongoing use of Cymbalta when taken in conjunction with Lyrica and Neurontin with conflicting subjective/objective symptoms of improvement versus non-improvement, Duloxetine 30 mg #30 is not medically necessary.