

Case Number:	CM15-0016702		
Date Assigned:	02/05/2015	Date of Injury:	11/14/2001
Decision Date:	03/30/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/29/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 39 year old female, who sustained an industrial injury on 11/14/2001. She has reported pain in the left leg, left knee, hip, and back. The diagnoses have included lumbago; and complex regional pain syndrome. Treatment to date has included medications, stellate ganglion nerve blocks; lumbar sympathetic blocks; physical therapy, and surgical intervention. Medications have included Celebrex, Oxycontin, Percocet, Nexium, Cymbalta, and Ambien. Surgical intervention has included left total knee replacement, performed on 01/27/2005. Currently, the injured worker complains of moderate to severe left leg pain, rated 7/10 on the visual analog scale; left knee pain; and pain gets better with rest and medications. A progress report from the treating physician, dated 12/19/2014, documented the injured worker to have decreased range of motion in the left knee; posterior thigh-calf impingement and asymmetrical flexion contractures are present. Request is being made for Cymbalta 60 mg #30. On 01/06/2015 Utilization Review modified a prescription for Cymbalta 60 mg #30. The CA MTUS was cited. On 01/29/2015, the injured worker submitted an application for IMR for review of a prescription for Cymbalta 60 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta (duloxetine) Page(s): 1-127, 43-44.

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

Decision rationale: The patient is a 39 year old female with a injury on 11/14/2001. Her main problem was left knee pain and on 01/27/2015 she had a left knee total arthroplasty. According to MTUS Cymbalta is an antidepressant that has been used to treat anxiety, depression, diabetic neuropathy and fibromyalgia. None of these diagnoses is present. Cymbalta is not medically necessary for this patient.