

Case Number:	CM15-0115796		
Date Assigned:	06/23/2015	Date of Injury:	05/13/2013
Decision Date:	07/31/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/15/2015

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, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 58 year old female, who sustained an industrial injury on 6/13/2013. Diagnoses include pain in joint shoulder, carpal tunnel syndrome, lesion ulnar nerve and cervical spondylosis without myelopathy. Treatment to date has included diagnostics, surgical intervention (carpal tunnel and cubital release 10/16/2014), work modifications, injections, home exercise and medications. Per the Primary Treating Physician's Progress Report dated 4/10/2015, the injured worker reported neck, right shoulder and right upper extremity pain. She reports improvement in right forearm pain after cubital tunnel release but continues to have pain and numbness in the palm of the right hand. She also reports tenderness at the right elbow and is wearing a padded elbow sleeve. She still has triggering of the right thumb with grasping activities. Physical examination revealed tenderness to palpation over the right lateral epicondyle and over proximal forearm. The plan of care included work modifications and medication and authorization was requested for Cymbalta 30mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #60: Upheld

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

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

Decision rationale: Per MTUS CPMTG with regard to the use of antidepressants for chronic pain: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) The latest progress report available for review dated 1/31/14 did not contain findings consistent with neuropathic pain. As the requested medication is not indicated, the request is not medically necessary. The injured worker has been diagnosed with pain in joint shoulder, carpal tunnel syndrome, lesion ulnar nerve and cervical spondylosis without myelopathy and has received conservative treatment as well as surgical intervention including carpal tunnel and cubital release 10/16/2014, The documentation does not suggest evidence of objective functional treatment with the continued use of this medication and thus is not medically necessary.