

Case Number:	CM15-0119113		
Date Assigned:	06/30/2015	Date of Injury:	12/26/2012
Decision Date:	08/27/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/19/2015

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: Emergency 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 59-year-old female, with a reported date of injury of 12/26/2012. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include L5-S1 disc protrusion, status post left S1 radiculopathy, left lumbar paraspinal strain, left gluteus medius strain, and left trochanteric bursitis. Treatments and evaluation to date have included physical therapy for the neck, oral medications, trial of multiple steroid injections for the trigger fingers, and topical pain medication. The diagnostic studies to date were not included. The progress report dated 04/13/2015 indicates that the injured worker had severe bilateral third finger trigger finger symptoms, right greater than the left. She reported significant swelling and locking throughout the day. The injured worker also had ongoing neck and back pain. The objective findings include full flexion and extension of her fingers, right third finger locked on extension, and a palpable painful nodule at her bilateral third finger A1 pulleys. It was noted that the Cymbalta was especially helpful in the past, and the plan included the retrial of a dose titration of the medication. The injured worker's status was permanent and stationary. The treating physician requested Cymbalta 20mg #60

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) and Antidepressants for chronic pain Page(s): 43-49 and 13-16.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that duloxetine (Cymbalta) is recommended as an option in first-line treatment for neuropathic pain. Cymbalta is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI). The guidelines indicate that it has FDA approval for the treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy; however, there was no evidence that the injured worker had been diagnosed with any of these. The most frequent side effects include nausea, dizziness, and fatigue. The guidelines also indicate that the long-term effectiveness of anti-depressants has not been established. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. The injured worker has a history of lumbosacral radiculopathy. The request does not meet the guideline recommendations. Therefore, the request for Cymbalta is not medically necessary.