

Case Number:	CM15-0122061		
Date Assigned:	07/06/2015	Date of Injury:	03/26/2015
Decision Date:	07/31/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/24/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 52 year old female who sustained an industrial injury on 03/26/2015. Mechanism of injury is cumulative trauma, causing pain and soreness in her left arm and left lower back. Diagnoses include lumbosacral sprain, and left shoulder sprain. Treatment to date has included diagnostic studies, physical therapy, and home exercise program. On 04/30/2014 left shoulder x ray was negative and lumbar spine X rays showed degenerative disc disease at the L4-5 and L5-S1 levels. She is unable to take NSAIDs due to gastric bypass surgery, and she is trying to wean herself off Norco which she was taking for an unrelated injury. A physician progress note dated 06/08/2015 documents the injured worker continues to present with a poor sitting posture, protracted scapula on the left side. She reports her pain from a 7 to 10 out of 10. There is significant tenderness over the left levator scapula and upper trapezius, left supraspinatus tendon and throughout the lumbar region and paraspinals. She has gains of range of motion of the shoulder and the lumbar spine, but continues to report widespread pain symptoms as severe and relatively unchanged since the onset of treatment. She has a positive impingement in the left shoulder along with a positive Empty can. She is to undergo a Magnetic Resonance Imaging of the left shoulder in the near future. The treatment plan includes a MR arthrogram of the left shoulder. Treatment requested is for Cymbalta 30mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #30: Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on Duloxetine states: Duloxetine (Cymbalta) Recommended as an option in first-line treatment option in neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA approval for treatment of depression, generalized anxiety disorder and for the treatment of pain related to diabetic neuropathy, with effect found to be significant by the end of week 1 effect measured as a 30% reduction in baseline pain. The starting dose is 20-60 mg/day, and no advantage has been found by increasing the dose to twice a day, except in fibromyalgia. The medication has been found to be effective for treating fibromyalgia in women with and without depression, 60 mg once or twice daily. (Arnold, 2005) The most frequent side effects include nausea, dizziness and fatigue. GI symptoms are more common early in treatment. The side effect profile of Duloxetine is thought to be less bothersome to patients than that of tricyclic antidepressants. Note: On October 17, 2005, [REDACTED] and the U.S. Food and Drug Administration (FDA) notified healthcare professionals of revision to the PRECAUTIONS/Hepatotoxicity section of the prescribing information for Cymbalta. Postmarketing reports of hepatic injury (including hepatitis and cholestatic jaundice) suggest that patients with preexisting liver disease who take duloxetine may have an increased risk for further liver damage. The new labeling extends the Precaution against using Cymbalta in patients with substantial alcohol use to include those patients with chronic liver disease. It is recommended that Cymbalta not be administered to patients with hepatic insufficiency. See also Antidepressants for chronic pain for general guidelines, as well as specific Duloxetine listing for more information and references. On June 13, 2008, the FDA approved a new indication for duloxetine HCl delayed-release capsules (Cymbalta; [REDACTED]) for the management of fibromyalgia in adults. The FDA notes that although duloxetine was effective for reducing pain in patients with and without major depressive disorder, the degree of pain relief may have been greater in those with comorbid depression. Treatment of fibromyalgia with duloxetine should be initiated at 30 mg/day for 1 week and then uptitrated to the recommended 60-mg dose. (Waknine, 2008) Note: This drug was recently included in a list of 20 medications identified by the FDA's Adverse Event Reporting System that are under FDA investigation. (FDA, 2008) The requested medication is a first line option in the treatment of neuropathic pain per the California MTUS. Per the progress notes, the patient has persistent and constant neuropathic pain. The patient does not have primary neuropathic pain and therefore the request is not medically necessary.