

Case Number:	CM15-0123631		
Date Assigned:	07/08/2015	Date of Injury:	09/22/2001
Decision Date:	08/04/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/26/2015

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: Texas, California

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 71 year old male, who sustained an industrial injury on September 22, 2001, incurring neck, right knee and left upper extremity injuries. He was diagnosed with cervical degenerative disc disease, cervical radiculopathy, and osteoarthritis of the right knee. Treatment included anti-inflammatory drugs, transcutaneous electrical stimulation unit, muscle relaxants, pain medications, neuropathic medications, knee injections, antidepressants, and work modifications with restrictions. Currently, the injured worker complained of ongoing right arm pain and numbness with tingling. The injured worker noted that without his medications, he felt depressed, crippled and isolated secondary to the persistent pain. The treatment plan that was requested for authorization included a prescription for Cymbalta. The patient had received cervical ESI and right knee injection. Per the note dated 5/18/15 patient had complaints of pain in knee, neck and left shoulder. Physical examination of the neck and upper back revealed radicular pain and decreased strength and sensation. The patient has had EMG of the UE that revealed radiculopathy. The patient had used TENS unit for this injury. The medication list includes Celebrex, Cymbalta, Norco and Pantoprazole. The surgical history includes right shoulder surgery. The patient has had history of depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs): Duloxetine (Cymbalta): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Thompson Micromedex FDA labeled indication for Cymbalta.

Decision rationale: Cymbalta contains Duloxetine Hydrochloride, as per cited guideline "Duloxetine (Cymbalta): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia used off-label for neuropathic pain and radiculopathy." According to the Thompson Micromedex FDA labeled indication for Cymbalta includes Diabetic peripheral neuropathy - Pain: Fibromyalgia, Generalized anxiety disorder, Major depressive disorder, Musculoskeletal pain, Chronic. He was diagnosed with cervical degenerative disc disease, cervical radiculopathy, and osteoarthritis of the right knee. Treatment included anti-inflammatory drugs, transcutaneous electrical stimulation unit, muscle relaxants, pain medications, neuropathic medications, knee injections, antidepressants, and work modifications with restrictions. Currently, the injured worker complained of ongoing right arm pain and numbness with tingling. The injured worker noted that without his medications, he felt depressed, crippled and isolated secondary to the persistent pain. The patient had received cervical ESI and right knee injection. Per the note dated 5/18/15 patient had complaints of pain in knee, neck and left shoulder. Physical examination of the neck and upper back revealed radicular pain and decreased strength and sensation. The patient has had EMG of the UE that revealed radiculopathy. The surgical history includes right shoulder surgery. The patient has had history of depression. The patient has documented objective evidence of chronic myofascial pain along with evidence of a nerve related / neuropathic component of the pain, as well as depression. Cymbalta is deemed medically appropriate and necessary in such a patient. Therefore, the Cymbalta 60mg #30 is medically necessary for this patient at this time.