

Case Number:	CM15-0123956		
Date Assigned:	07/08/2015	Date of Injury:	01/29/2010
Decision Date:	08/12/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/29/2015

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: 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 38-year-old female, who sustained an industrial injury on January 29, 2010. The injured worker was diagnosed as having impingement syndrome and thoracic, low back and neck pain. Treatment to date has included medication. A progress note dated June 1, 2015 provides the injured worker complains of right shoulder pain. With medication, she rates her pain rated 4-5/10 without medication it is 8+/10. She reports medication takes effect in about an hour and lasts 4-5 hours. Physical exam notes tightness of the para cervical and para thoracic area. There is tenderness of the para lumbar area with decreased range of motion (ROM). The plan includes acupuncture, orthopedic follow-up, psychological consultation and treatment, Norco, Relafen and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43.

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 6/1/2015 did not contain findings consistent with neuropathic pain. Also, there is no documentation regarding objective functional improvement with the continued use of the medication. As the requested medication is not indicated, the request for Cymbalta 30mg #45 is not medically necessary.