MAXIMUS Federal Services

Case Number:	CM15-0170835		
Date Assigned:	09/11/2015	Date of Injury:	04/30/2008
Decision Date:	10/13/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/31/2015

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
Certification(s)/Specialty: Preventive Medicine, Occupational 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 56-year-old female, who sustained an industrial injury on 4-30-08. The injured worker is undergoing treatment for headaches, neck and right shoulder strain-sprain, right shoulder adhesive capsulitis, knee degenerative joint disease (DJD) and chronic pain syndrome. Medical records dated 6-29-15 through 8-3-15 indicate the injured worker complains of neck, right shoulder, right wrist, and knee pain with radiating numbness. On 6-29-15 she rates the pain 4 out of 10 at best, average 6 out of 10 and 3 out of 10 after opioid use lasting 2 hours. The visit dated 8-3-15 rates the pain increased at 7 out of 10 at best and average with intensity 7 out of 10 after medication. The review of symptoms indicates muscle stiffness and weakness with depression, anxiety, alcohol and illicit drug use and inability to sleep. The physician indicates Cymbalta and Zipsor are helpful. Treatment to date has included chiropractic treatment (6) with good effect, corticosteroid injection, lab work, magnetic resonance imaging (MRI), physical therapy and psychiatric care. The original utilization review dated 8-14-15 indicates the request for Cymbalta #120 and Zipsor #60 is non-certified noting lack of documentation of functional improvement or decreasing pain score.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: Per MTUS guidelines, Cymbalta is 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. The most frequent side effects include nausea, dizziness and fatigue. GI symptoms are more common early in treatment. In this case, there is no objective documentation of significant pain relief or increase in function with previous use of Cymbalta, therefore, the request for Cymbalta 30mg #120 with 1 refill is determined to not be medically necessary.

Zipsor 25mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. Additionally, there is no objective documentation of significant pain relief or increase in function from the prior use of Zipsor (Diclofenac). The request for Zipsor 25mg #60 is determined to not be medically necessary.