

Case Number:	CM15-0175529		
Date Assigned:	09/16/2015	Date of Injury:	07/09/2012
Decision Date:	10/29/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/07/2015

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 42 year old female, who sustained an industrial injury on 7-9-2012. Medical records indicate the worker is undergoing treatment for chronic left shoulder pain, status post rotator cuff repair, left shoulder adhesive capsulitis and status post left shoulder manipulation and arthroscopic debridement. A recent progress report dated 7-20-2015, reported the injured worker complained of neck and anterior and lateral left shoulder pain, rated 6 out of 10. Physical examination revealed left shoulder abduction and forward flexion was associated with pain. The medical records were difficult to decipher on the right margin. Treatment to date has included left shoulder arthroscopy, anterior cervical discectomy and fusion, 32 physical therapy visits, left shoulder injection, Gabapentin, Cymbalta, Butrans, Skelaxin and Norco. The physician is requesting Cymbalta 20 mg #30. On 8-11-2015, the Utilization Review noncertified Cymbalta 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 20mg #30: Overturned

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 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)." Per progress report dated 7/20/2015, the injured worker continues to experience chronic neuropathic pain in neck and anterior and lateral left shoulder of 6/10 intensity. The request for Cymbalta 20mg #30 is medically necessary for continued treatment of the pain.