

Case Number:	CM15-0177649		
Date Assigned:	09/18/2015	Date of Injury:	03/14/2015
Decision Date:	10/21/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 year 22 old male who sustained an industrial injury on 3-14-15. Diagnoses are noted as right shoulder pain,-rotator cuff syndrome, right bicipital tendinosis, chronic pain syndrome, anxiety and irritable bowel syndrome- (non-industrial). Previous treatment includes at least 12 sessions of physical therapy, Cortisone injection, orthopedic consultation, MRI-right upper limb 4-17-15, and medication. In a primary physician's initial comprehensive report dated 7-20-15, the physician notes pain is rated at 6 out of 10. Medications are Hydrocodone, Soma, and Alprazolam. There was tenderness to palpation over the right bicipital groove and right lateral shoulder. Right shoulder range of motion in degrees is abduction 170, flexion 175, internal rotation to the L5 spinous processes in extension was 30. Hawkins sign and Speed tests were positive and Neer was negative. In a progress report dated 8-17-15, the physician notes the injured worker stated his pain is unchanged and that when riding his motorcycle for 10-15 minutes, his pain increased mildly and dissipates within 2 hours of stopping the activity. Pain level is rated at 7 out of 10. Work status is noted as modified duty. A request for authorization is dated 8-17-15. The requested treatment of Duloxetine was non-certified on 8-25-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine: 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): Duloxetine (Cymbalta).

Decision rationale: The claimant sustained a work injury in March 2015 and is being treated for right shoulder pain occurring as he was supporting a motorcycle on a trailer as it was falling. Prior treatments have included physical therapy, medications, and an injection without reported benefit. In July 2015 he was having radiating right shoulder pain to the scapula with numbness and intermittent weakness. There was decreased shoulder range of motion with weakness and positive impingement testing. Review of systems was positive and anxiety and nervousness. When the request was made, his complaints were unchanged. A trial of Cymbalta 30 mg #30 was requested. Duloxetine (Cymbalta) can be recommended as an option in first-line treatment of neuropathic pain. The maximum dose is 120 mg per day. In this case, the claimant has radiating pain and prior medications have been of limited benefit. The requested dose is consistent with that recommended. A trial of Cymbalta is reasonable and is considered medically necessary.