

Case Number:	CM15-0021382		
Date Assigned:	02/10/2015	Date of Injury:	01/08/2006
Decision Date:	07/07/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/04/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 61-year-old female, who sustained an industrial injury on 1/08/2006. She reported holding onto a client to prevent from falling, with injury to her hand(s)/wrist(s). The injured worker was diagnosed as having chronic pain right wrist/hand. Treatment to date has included diagnostics and medications. A progress report, dated 6/19/2014, noted that she was on multiple medications and it did not appear that she took them as prescribed. Per the most recent progress report (10/16/2014), the injured worker complains of continued pain in the left hand and wrist and right upper extremity. Her right hand and wrist were positive for sensitivity in the palmar and dorsal aspects. Her medications included Meloxicam, Gabapentin, and Pantoprazole. Her work status was not documented. The treatment plan included a renewal of medications. Urine drug screen (10/16/2014) showed inconsistent results. A progress report regarding the use of Cymbalta, as requested, was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #30 1/Daily, 5 refills.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 15-16.

Decision rationale: At issue in this review is the prescription of Cymbalta. Duloxetine or Cymbalta is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Per the guidelines, it is used off-label for neuropathic pain and radiculopathy but there is no high quality evidence reported to support the use of duloxetine for lumbar radiculopathy. There is no documentation of a discussion of efficacy or side effects and given the lack of approved diagnoses in this injured worker for this medication, the records do not support the medical necessity of Cymbalta. The request is not medically necessary.