

Case Number:	CM15-0064335		
Date Assigned:	04/10/2015	Date of Injury:	09/14/2005
Decision Date:	05/12/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/06/2015

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 (IW) is a 41-year-old female who sustained an industrial injury on 09/14/2005. Diagnoses include cervical, thoracic and lumbar myofascial strain and occipital neuralgia. Treatment to date has included medications, physical therapy, acupuncture, chiropractic treatment, trigger point injections, shoulder surgery and spinal fusion. Diagnostics performed to date included CT scans, electrodiagnostic testing, x-rays and MRIs. According to the progress notes dated 1/16/15, the IW reported increased tightness and decreased range of motion in the neck, headaches that started at the back of the head and radiated to the temples, increased tightness in the low back with radiating pain down the lower extremities and cramps at the back of her thighs. A request was made for Cymbalta 60 mg; the rationale was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 14, 105.

Decision rationale: Recommended as an option in depressed patients for non-neuropathic pain, but effectiveness is limited. The medical record fails to document depression secondary to chronic pain; the patient does have radicular pain. Cymbalta 60mg #60 is not medically necessary.