

Case Number:	CM15-0074907		
Date Assigned:	04/24/2015	Date of Injury:	07/09/2002
Decision Date:	05/28/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/20/2015

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: Internal 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 60 year old male, who sustained an industrial injury on 7/9/02. The injured worker has complaints of pain located in the cervical regions, lumbar region, both patella, both wrists and both elbows. The diagnoses have included chronic pain syndrome; pain in joint, shoulder and upper arm; post laminectomy pain syndrome; neck pain; cervical radiculopathy; lower back pain and lumbar/thoracic radiculopathy. Treatment to date has included physical therapy; nonsteroidal anti-inflammatory drugs (NSAIDs); transcutaneous electrical nerve stimulation unit and various medication trials for greater than 6 months without benefit; morphine sulfate immediate release and fentanyl patch continue to the main agent for pain control; lyrica helpful with neuropathy in the form of radiculopathy; valium continues to be helpful for muscle spasms and anxiety with insomnia and Imitrex continues to be helpful for migraine headaches. The request was for duloxetine 30mg #300.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine 30mg #300: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page 13-16.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Duloxetine is used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. The request for authorization (RFA) dated 4/2/15 documented the request for Duloxetine 30 mg #300. The secondary treating physician's progress report dated 11/26/14 did not document the prescription of Duloxetine. There was no mention of Duloxetine in the 11/26/14 progress report. The latest progress report present in the submitted medical records was dated 11/26/14. Without updated progress reports, the 4/2/15 request for Duloxetine is not supported. Therefore, the request for Duloxetine is not medically necessary.