

Case Number:	CM15-0075573		
Date Assigned:	04/27/2015	Date of Injury:	03/17/2009
Decision Date:	05/27/2015	UR Denial Date:	04/08/2015
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, 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 46-year-old female, who sustained an industrial injury on 03/07/2009 after experiencing a fall injuring right shoulder. On provider visit dated 03/26/2015 the injured worker has reported shoulder joint pain. On examination of the right shoulder was noted to have a decrease in range of motion. The diagnoses have included right shoulder joint pain. Treatment to date has included medication, TENS, surgical intervention and laboratory studies. The provider requested Cymbalta 60mg (unspecified qty).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg (unspecified qty): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

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). The latest progress report available for review dated 3/26/2015 did not contain findings consistent with neuropathic pain. As the requested medication is not indicated, the request is not medically necessary. In addition, the request does not specify the quantity of medication being requested.