

Case Number:	CM15-0090261		
Date Assigned:	05/13/2015	Date of Injury:	09/15/2013
Decision Date:	06/22/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/08/2015

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: Emergency 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 36-year-old female, who sustained an industrial injury on 9/15/13. She has reported initial complaints of wrist sprain/contusion and anxiety. The diagnoses have included anxiety disorder, depressive disorder, myalgia and myositis, pain in the joint of the shoulder region, chronic right upper extremity pain, and right shoulder superior labral tear from anterior to posterior (SLAP) tear. Treatment to date has included medications, diagnostics, acupuncture, Functional Restoration Program, psychiatric sessions, and home exercise program (HEP). Currently, as per the physician progress note dated 4/22/15, the injured worker complains of neck pain and right shoulder pain that is improving since the last visit. She reports that right hand thumb and index middle finger are numb and she has cramping in the right shoulder on and off. She also reports that her emotional well-being goes up and down. She rates the pain on average 3/10 on pain scale and without medications; she rates the pain 7/10. She reports that she attends individual and group psychological therapy 1-2 times a week. She states that she has reduced her workouts due to flare-ups. The physician noted that the hospital is trying to find a position for her due to restrictions for work duty. The physical exam noted that the injured worker looks better emotionally than she has been with previous visits. The current medications included Cymbalta, Trazadone, Clonazepam, and Lyrica. The physician requested treatment included Cymbalta 60mg #30 (refills x 2).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #30 (refills x 2): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain, Pages 13-16 Page(s): 13-16.

Decision rationale: The requested Cymbalta 60mg #30 (refills x 2), is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-16, note that Cymbalta is "FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy." The injured worker has neck pain and right shoulder pain that is improving since the last visit. She reports that right hand thumb and index middle finger are numb and she has cramping in the right shoulder on and off. She also reports that her emotional well-being goes up and down. She rates the pain on average 3/10 on pain scale and without medications; she rates the pain 7/10. She reports that she attends individual and group psychological therapy 1-2 times a week. She states that she has reduced her workouts due to flare-ups. The treating physician has not documented the medical necessity for the use of this anti-depressant as an outlier to referenced guideline negative recommendations, nor failed trials of recommended anti-depressant medication, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Cymbalta 60mg #30 (refills x 2) is not medically necessary.