MAXIMUS Federal Services

Case Number:	CM15-0091352		
Date Assigned:	05/15/2015	Date of Injury:	04/14/1998
Decision Date:	07/01/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/12/2015

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: Texas, Florida, 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 is a 48 year old female, who sustained an industrial injury on April 14, 1998. She reported falling backwards and sustaining bruising over her entire body with pain mostly on the left side of her body. The injured worker was diagnosed as having complex regional pain syndrome, global muscular atrophy secondary to disuse, chronic back pain status post back surgery, a single episode of moderate major depression, generalized anxiety disorder, and pain disorder associated with both psychological and a general medical condition. Diagnostic studies to date have included a CT and electromyography. Treatment to date has included 1 session of acupuncture, a spinal cord stimulator, psychotherapy, and medications including short-acting and long acting oral pain, topical pain, anti-epilepsy, proton pump inhibitor, anti-anxiety, antidepressant, and non-steroidal anti-inflammatory. On April 8, 2015, the injured worker complains of neck pain with bilateral arm pain and bilateral leg symptoms. She complains of continued right arm pain and increased numbness in the hands, more on the right than the left. She reports being unable to feel her arm at times and her hands feel bruised and heavy with burning pain and cramping. She complains of foot cramping and increased bilateral calf cramping. Her cramping is helped by self-massage and a heating pad. She reports needing help with her activities of daily living due to her pain causing severe limitations. She uses a cane for ambulation, and occasionally uses a wheelchair. She complains of bilateral upper extremities pain that is greater on the left than the right, with pain into the neck and right arm. She reports new numbness of the tips of the right hand. Heat and medications help her pain. The physical exam revealed a normal affect and pleasant disposition, normal reflexes of the bilateral upper

and lower extremities and diffuse weakness in the left greater than right extremities, with contractures of the left arm flexor, left leg flexor, and left hip flexor. There was a normal gait, hypertonicity of the right upper and lower extremities with difficulty distinguishing between spasticity and pain inhibition. There was tenderness to palpation of the bilateral paraspinals and parascapular areas, a positive right wrist Tinel's, and slightly improved left hand range of motion. The treatment plan includes initiating Cymbalta (Duloxetine DR) at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine DR 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Antidepressants.

Decision rationale: This claimant was injured back in 1998 in a backwards fall. She was reported to have a complex regional pain syndrome. There has been extensive conservative care. There is tenderness, but the objective functional improvement out of the Duloxetine use is not provided.The MTUS sets a high bar for effectiveness of continued or ongoing medical care in 9792.24.1. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment.With this proposed treatment, there is no clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical examination, or a reduction in the dependency on continued medical treatment.Moreover, the current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined.Per the Physician Desk Reference, Duloxetine, also known as Cymbalta, is an anti-depressant.Regarding antidepressants to treat a major depressive disorder, the ODG notes:Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder as defined in DSM-IV. If used for pain, it is not clear what objective, functional benefit has been achieved. The request is not medically necessary.