

Case Number:	CM13-0045086		
Date Assigned:	12/27/2013	Date of Injury:	07/24/2006
Decision Date:	05/22/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/30/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 44-year-old male who reported an injury on 07/24/2006 after lifting a box of frozen fish that reportedly caused an acute onset of low back pain. The injured worker failed conservative treatment and ultimately underwent fusion in 2011. The injured worker's postsurgical treatment included physical therapy, medications, and psychiatric support. The injured worker was evaluated on 07/29/2013. It was documented that the injured worker was having difficulty getting his Cymbalta refilled. Physical findings included evidence of weight loss, slightly decreased motor strength of the bilateral extremities. The injured worker's diagnoses included chronic low back pain, and depression secondary to chronic pain, and insomnia secondary to chronic pain. A request was made for authorization of injured worker's Cymbalta as a first line therapy for chronic pain that also provided relief for symptoms of depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF CYMBALTA 30MG BID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 and 13.

Decision rationale: California Medical Treatment Utilization Schedule does recommend the use of antidepressants as a first line treatment in the management of chronic pain. However, California Medical Treatment Utilization Schedule also recommends continued use of medications in the management of chronic pain be supported by documentation of functional benefit and evidence of pain relief. The clinical documentation submitted for review does not provide any evidence that the injured worker has received any pain relief or significant functional benefit from prior usage of this medication. The clinical documentation does indicate that the injured worker has been using this medication intermittently since at least 08/2012. Therefore, the use of this medication would not be supported. Additionally, the clinical documentation lacks any indication of a quantitative assessment of pain relief. As such, the requested Cymbalta 30 mg twice a day #90 is not medically necessary or appropriate.