

Case Number:	CM13-0051227		
Date Assigned:	12/27/2013	Date of Injury:	05/21/2008
Decision Date:	05/28/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/14/2013

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 Anesthesia, has a subspecialty in Pain Management and is licensed to practice in California. 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 patient is an employee of [REDACTED] and has submitted a claim for low back pain, with an industrial injury date of May 21, 2008. Treatment to date has included physical therapy, unspecified spine surgeries (September 2008, later 2008, 2009) and medications which include duloxetine, gabapentin, pregabalin, Percocet, Motrin. Medical records from 2013 were reviewed showing the patient having apneic as episodes during sleep. She has been prescribed Percocet, Cymbalta, and Lunesta. Utilization review from October 30, 2013 denied the request for Cymbalta #30 with 2 refills because the medical necessity for the request was not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYMBALTA 30MG #30 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta®) Page(s): 43-44.

Decision rationale: The Duloxetine (Cymbalta®) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). Pages 43-44 of the Chronic Pain Medical Treatment Guidelines state that duloxetine is recommended as an option in first-line treatment option in neuropathic

pain as well as depression. In this case, duloxetine was prescribed for low back pain as far back July 2013. However, the documents submitted do not provide clinical evaluations that would support the diagnosis nor the need for the medication; there was no mention of functional gains attributed to the use of this medication. Therefore, the request for Cymbalta #30 with 2 refills is not medically necessary.