

Case Number:	CM13-0059914		
Date Assigned:	12/30/2013	Date of Injury:	05/13/2004
Decision Date:	03/27/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Medicine and is licensed to practice in Arizona. 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 physician 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:

Patient is a 70 year old female with date of injury on 5/13/2004. Patient is being treated for ongoing back pain with radiation to the right lower extremity, as well as evaluation for headaches, anxiety, and depression. Diagnoses include rotator cuff disorder, degenerative cervical disc, and degenerative lumbar disc, and depression. Subjective complaints include low back and neck pain with, swelling in her legs and leg muscles being tender, with increased pain at site of previous epidural injection. Patient also acknowledged difficulty sleeping, and feelings of depression and anxiety. Physical exam noted patient to be mildly depressed with tenderness to the right leg and right calf, sparse documentation is present regarding objective findings of the neck, back or shoulder. Medications have included Norco, Cymbalta, Lidoderm and sonata. The Cymbalta has been utilized since at least June of 2012. Submitted documentation does not indicate how long patient had been using Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cybalta Page(s): 15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PAIN, Cymbalta.

Decision rationale: The Physician Reviewer's decision rationale: The CA MTUS identifies approval of Cymbalta for treatment of anxiety and depression, with off label use for neuropathic pain and radiculopathy. The ODG recommends Cymbalta as an option in first-line treatment of neuropathic pain. ODG also states an FDA panel concluded that Cymbalta was effective in treating chronic low back pain, and they voted in favor to broaden the indication to include the treatment of chronic pain. This patient has been diagnosed with anxiety and depression, and with chronic pain. Examinations show that the patient's level of anxiety and depression worsened in periods while off her Cymbalta, and continues to have ongoing depression. The submitted records acknowledge improvement with Cymbalta. Guidelines suggest that this medication is recommended as a treatment of major depressive disorder for both first time and subsequent episodes. Therefore, the request for Cymbalta is medically necessary.