

Case Number:	CM13-0062033		
Date Assigned:	12/30/2013	Date of Injury:	10/28/2006
Decision Date:	05/05/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/04/2013

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 Occupational Medicine 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 applicant filed a claim for chronic low back pain reportedly associated with an industrial injury of October 28, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; prior lumbar fusion surgery; unspecified amounts of physical therapy over the life of the claim; long-acting opioids; epidural steroid injection therapy; adjuvant medications, including Neurontin; and psychotropic medications, including Cymbalta. In a Utilization Review Report of November 22, 2013, the claims administrator apparently denied a request for Cymbalta, citing non-MTUS ODG Guidelines, although the MTUS does address the topic at hand. Several mislabeled MTUS Guidelines were also cited; including the 2007 section MTUS 9792.20e which has subsequently been renumbered. The applicant's attorney subsequently appealed the denial, on November 27, 2013. In a progress note of December 10, 2013 the applicant presents with to follow up on "pain and disability" reportedly associated with the industrial injury. The applicant has low back issues and rash associated with psoriasis. In a review of systems section of the report, it is stated that the applicant is having issues with sleep disturbance. Surgical scars are noted about the lumbar spine. The applicant is given a diagnosis of chronic pain syndrome status post fusion surgery. Neurontin, Cymbalta, Butrans, and physical therapy are sought. In an earlier epidural steroid injection procedure note of November 19, 2013, it was stated that the applicant was using aspirin, Cymbalta, Colace, and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYMBALTA 30MG #30:

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Duloxetine Page(s): 15.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, antidepressants takes "weeks to exert their maximal effect." In this case, the applicant is having long-standing issues with depression, anxiety, insomnia, and chronic pain. Cymbalta is a particularly appropriate choice, contrary to what was suggested by the claims administrator. It is further noted that page 15 of the MTUS Chronic Pain Medical Treatment Guidelines state that Cymbalta is FDA approved for the treatment of depression, seemingly present here, and can be employed off label in the treatment of radiculopathy, also present here. For all of the stated reasons, Cymbalta is an appropriate option here. Continuing the same is indicated and appropriate. Therefore, the request is certified.