

Case Number:	CM13-0072509		
Date Assigned:	01/08/2014	Date of Injury:	07/01/2003
Decision Date:	05/23/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/31/2013

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 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:

This 40 year-old male sustained an injury on 7/1/03 while employed by [REDACTED]. Requests under consideration include 1 prescription of cymbalta 60mg #60 with 3 refills and unknown prescription of senna. Report from the provider noted patient was treating for ongoing chronic low back pain with radicular symptoms; pain rated at 5/10 with flare-up to 9-10/10; however, relieved with medication regimen, activity modification to tolerate housework and shopping trips. Exam showed reduced lumbar range of motion with tenderness to palpation and positive provocative testing. On 12/17/13, the request for Cymbalta was modified from #60 with 3 refills to #45 and unknow prescription for Senna was modified for one script of #180 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYMBALTA 60MG #60 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant Section Page(s): 15.

Decision rationale: Per MTUS Chronic Treatment Pain Guidelines, selective serotonin reuptake inhibitors (SSRIs) such as Cymbalta (Duloxetine, a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline), are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. Submitted reports have not adequately shown any previous failed trial of TCA or other first-line medications without specific functional improvement from treatment already rendered and certified previously. The Cymbalta 60mg #60 with 3 refills is not medically necessary and appropriate.

SENNA: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Medical Food Section

Decision rationale: The California MTUS is silent on its use; however, the Official Disability Guidelines (ODG) states to be considered, the product must, at a minimum, meet the following criteria: (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical supervision. Based on a review of the available medical reports, there is no evidence to suggest that this patient has any type of condition to warrant the investigational use of this supplement. Senna is not medically necessary and appropriate. The provider has not provided any documentation of medical necessity consistent with evidence-based, peer-reviewed, nationally recognized treatment guideline for Senna or any other alternative supplements. Absent medical necessity, certification cannot be granted. The Senna is not medically necessary and appropriate.