

Case Number:	CM14-0103003		
Date Assigned:	07/30/2014	Date of Injury:	08/26/1998
Decision Date:	10/09/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/03/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 62-year-old male with a reported date of injury of 08/26/1998. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include L3 through S1 significant disc herniations with bilateral foraminal stenosis and high grade nerve compression, marked facet arthropathy that contributed to the overall stenosis, advanced disc deterioration with loss of disc space height, grade 2+ Modic changes at the L3 through S1 levels, mild to moderate discogenic changes at the L2-3 without any nerve compression, status post left L3-S1 laminoforaminotomies and micro-discectomies, and status post C4, C5, and C6 anterior cervical discectomy and fusion (ACDF). His previous treatments were noted to include physical therapy, acupuncture, medication management, chiropractic adjustment, injections, rhizotomies, and surgery. The progress note dated 06/16/2014 revealed complaints of cervical pain and axial back pain with bilateral lower extremity radiculopathy. The injured worker indicated he felt significantly dysfunctional from the lumbar spine. The injured worker indicated a 3-level rhizotomy had not helped his symptoms at all and caused him more muscle spasms. The provider had indicated the injured worker would be a good surgical candidate and requested an authorization for L3 through S1 posterior spinal fusion and decompression. The Request for Authorization Form was not within the submitted medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine HCL DR 30mg Cap #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta); Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant drugs, Selective Serotonin and Norepinephrine Reuptake Inhibitors Page(s): 13 and.

Decision rationale: The request for Duloxetine (Cymbalta) 30mg cap #90 for radiculopathic pain is not medically necessary. The injured worker complains of low back pain that radiates to the bilateral lower extremities. The California Chronic Pain Medical Treatment Guidelines recommend antidepressants as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclic antidepressants are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas the antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in the use of other analgesic medications, sleep quality and duration, and psychological assessment. The guidelines state Duloxetine is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. The guidelines state Duloxetine is used off-label for neuropathic pain and radiculopathy. No high-quality evidence is reported to support the use of Duloxetine for lumbar radiculopathy. More studies are needed to determine the efficacy of Duloxetine for other types of neuropathic pain. The guidelines recommended Tricyclics as a first-line therapy for lumbar radiculopathy, and there is a lack of documentation in this case regarding previous Tricyclics attempted prior to initiating treatment with Duloxetine. The injured worker does complain of radicular pain; however, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.