

Case Number:	CM14-0108245		
Date Assigned:	08/01/2014	Date of Injury:	08/27/2010
Decision Date:	09/30/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/11/2014

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 Anesthesiology, 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 a 44-year-old female who has submitted a claim for lumbosacral neuritis associated with an industrial injury date of August 27, 2010. Medical records from 2014 were reviewed, which showed that the patient complained of headaches. PE was only positive for abnormal gait. CT myelogram 5/21/12 revealed a small L5-S1 disc bulge with mild narrowing of the right L5-S1 foramen and without nerve root impingement was noted. There was no progress note discussing the patient's lumbosacral neuritis. Treatment to date has included medications (Norco, Flexeril, Terocin cream, and Neurontin), PT and 3 lumbar epidural steroid injections. Utilization review from July 3, 2014 denied the request for Duloxetine HCL 20mg #60 refills unspecified because the patient was also taking Neurontin at the time of the request. Most of the documents submitted contain pages with handwritten and illegible notes that were difficult to decipher. Pertinent information may have been overlooked due to its incomprehensibility.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine HCL 20mg #60 refills unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43-44.

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

Decision rationale: Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI). Pages 43-44 of the CA MTUS 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, the patient did not appear to have feelings of depression, sleep difficulty, and anxiety. Moreover, according to the UR, the patient was also on Neurontin, another first-line treatment for neuropathic pain. It is unclear why duloxetine is being prescribed at this time. Finally, the request is incomplete as it did not mention the number of refills. Therefore, the request for Duloxetine HCL 20mg #60 refills unspecified is not medically necessary.