

Case Number:	CM14-0018658		
Date Assigned:	04/18/2014	Date of Injury:	05/13/2011
Decision Date:	07/02/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/13/2014

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 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 patient is a 58 year old female who sustained an injury on 05/13/2011 from lifting. Prior treatment history has included anterior approach cervical disk surgery, 10 sessions of acupuncture, 18 chiropractic sessions and 13 physical therapy visits. The patient's medications include Cymbalta 60 mg delayed release, Cymbalta 30 mg, Colace 100 mg, Cytomol 5 mcg, Tramadol 50 mg, Trazodone 50 mg and Valium 5 mg. The patient underwent left L3-L4 transforaminal epidural steroid injection on 02/25/2014. A PR2 dated 01/08/2014 documented the patient has complaints of low back pain across the lumbar spine which is increasingly constant and achy in nature. She rates the pain at 4/10 to 8/10. Her symptoms are aggravated by reclining in chair and medication, heat, ice and sitting. It is exacerbated by driving, bending over, standing, sitting, all physical activities and laying down. She reports that chiropractic therapy, acupuncture and physical therapy did not improve her symptoms. The pain radiates in both buttocks and in both lower extremities. The patient denied Diabetes Mellitus type I and Diabete Mellitus type II. On examination of lumbar spine, there is no deformity, erythema, soft tissue, eccyhmosis or atrophy. By palpation, moderate tenderness is present in the lumbar paraspinals bilaterally and left sciatic notch. The range of motion is moderately decreased and 75% of normal. FABER's test is negative. Straight leg raise in the sitting position is positive on the left. The passive straight leg raise test is negative on the left. Neurologic examination shows left knee extension strength (L3) is 4+/5; right ankle dorsiflexion strength (L4) is 5/5; left ankle dorsiflexion strength (L4) is 4/5. The sensation for touch is decreased on the left in the L4 dermatome. The patient has a mild antalgic gait. The patient is diagnosed with lumbar degenerative disc disease and sciatica. A PR2 dated 03/12/2014 indicates the patient reports she is dissappointed that the injection she received on 02/14/2014 did not make a significant impact on the lumbar spine pain itself. A PR2 dated 03/28/2014 reports the patient states that her low

back pain is worsening and is becoming persistent with radiation to the bilateral ankle, bilateral calf, and bilateral feet with the left foot being worse than the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYMBALTA 60MG, #30 WITH 3 REFILLS, QTY 120: 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 Page(s): 15-16, 43-44.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Duloxetine "Cymbalta" is recommended as an option in the first line treatment of neuropathic pain. It is FDA-approved for generalized anxiety disorder, depression, diabetic neuropathy, fibromyalgia, and is used off-label for neuropathic pain and radiculopathy. The medical records document the patient was diagnosed with lumbar degenerative disc disease, low back pain, and sciatica. The starting dose is 20 60 mg/day, and no advantage has been found by increasing the dose to twice a day, except in fibromyalgia. The medication has been found to be effective for treating fibromyalgia in women with and without depression, 60 mg once or twice daily. The patient was on Cymbalta 60 mg and Cymbalta 30 mg since 5/8/2013. In the absence of documented significant improvement and as the recommended dose is 60 mg daily and the fact that the patient does not have a diagnosis of fibromyalgia; the patient was on 90 mg combined which exceeds the recommended dosage in the guidelines, the request is not medically necessary and appropriate.

CYMBALTA 30MG, #30 WITH 3 REFILLS, QTY 120: 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 Page(s): 15-16, 43-44.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Duloxetine "Cymbalta" is recommended as an option in the first line treatment of neuropathic pain. It is FDA-approved for generalized anxiety disorder, depression, diabetic neuropathy, fibromyalgia, and is used off-label for neuropathic pain and radiculopathy. The medical records document the patient was diagnosed with lumbar degenerative disc disease, low back pain, and sciatica. The starting dose is 20 60 mg/day, and no advantage has been found by increasing the dose to twice a day, except in fibromyalgia. The medication has been found to be effective for treating fibromyalgia in women with and without depression, 60 mg once or twice daily. The patient was on Cymbalta 60 mg and Cymbalta 30 mg since 5/8/2013. In the absence of documented significant improvement and as the recommended dose is 60 mg daily and the fact that the patient does not have a diagnosis of

fibromyalgia; the patient was on 90 mg combined which exceeds the recommended dosage in the guidelines, the request is not medically necessary and appropriate.