

Case Number:	CM14-0116126		
Date Assigned:	08/04/2014	Date of Injury:	09/28/2005
Decision Date:	09/22/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/23/2014

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 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:

According to the records made available for this review, this is a 45-year-old male who was originally injured on 9/20/05 when he lifted metal decking and developed pain to low back and groin over time. A 6/11/14 Pain Management progress report indicates patient was there for follow up with persistent low back pain. Morphine had been denied as had Cymbalta. Pain was 9/10 currently and when the patient had access to medications it was down to 6/10 or 7/10. Current medications listed were Norco 10/325 mg a day, Cymbalta 30 mg twice a day, Wellbutrin at 150 mg twice a day, Elavil 100 mg and 9, robaxin 100 mg 3 at 4 times a day, Flexeril 7.5 mg b.i.d. and 3 cardiac medications from his primary care doctor. Objective findings stated that there was no significant change. Diagnoses were 3 level lumbar discogenic pain and citations of an MRI of the lumbar spine x-ray of the left hip. Treatment plan included a request to authorize ongoing use of the Cymbalta to help his chronic pain and radiating symptoms down the lower extremities, 30 mg twice a day was requested. A 5/14/14 report stated that Cymbalta, Wellbutrin and Xanax help mood disorder and allow him to do activities living. The opioids were significantly helpful for pain. This report mentions the patient is a single father taking care of his home and his young children. In the past year he has had an epidural steroid injection of the lumbar region, the medical records indicate he was ween about every month. The previous records indicate this patient has used this medication for well over one year. Despite undergoing what was described as a stressful divorce and the care of his children there are no subjective complaints consistent with depression or anxiety nor are there any objective findings consistent with that. Note is also made however that there is no diagnosis of any mental health illnesses. Patient's back pain over the course of the year went from radiating into the right hip and radiating down the right leg and then after epidural started radiating down the left leg as well. There is a 5/14/07 initial report with the pain management physician that states the patient tried Cymbalta

and it had not helped. Subjectively there was low back pain radiating to the testicles particularly on the right, rated 8/10. The diagnosis at that time was 3 level lumbar discogenic pain and multilevel disc degenerative disc changes with spinal stenosis and foraminal stenosis particularly L4-5 and L5-S1. MRI. At that time it was not felt that the patient would benefit from any invasive pain management procedures and that he had failed physical therapy. Pain psychological involvement was requested. He was going to try some longer acting opiates.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg Twice Qd 6 Month Supply Refills 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SNRIs Page(s): 15-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part 2 Page(s): 13-16.

Decision rationale: Use of this antidepressant which is in the selective serotonin and norepinephrine reuptake inhibitor class as been chronic, since at least over one year. Patient had apparently a trial of this prior to 2007 without benefit. It is not known when it was restarted. During that time the patient had ongoing regular complaints of pain with the medications helping to alleviate it somewhat. He is functional particularly since he is taking care of children ages 10 and 3 as a single parent. However, the patient has no formal diagnosis of depression or anxiety and has evidenced no symptoms of that, there is also not been any change in this patient's pain levels or function over the year despite not only this medication but 2 other antidepressants and multiple opiates. The request is for a 6 month supply, the original utilization review determination reduced this to a 3 months supply. Insofar as there is no evidence of functional benefit from the Cymbalta, this is not medically necessary based upon the evidence and the guidelines.