

Case Number:	CM14-0132450		
Date Assigned:	08/25/2014	Date of Injury:	05/10/2001
Decision Date:	10/02/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/19/2014

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 Internal 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:

This case involves a 53 year old male who was injured on 05/10/2001 when he was trying to grab a strap and it broke causing injury to his back and neck. Progress report dated 06/06/2014 states the patient presented with complaints of back pain from neck to lower back area. He also reported bilateral upper lower extremities pain and numbness with muscle spasms. He states his pain interferes with his daily activity and his sleep. He rated his pain as 10/10 with the help of medication; it goes down to 6/10. On exam, he has limited range of motion of the cervical region with paracervical muscle spasms and tenderness. The lumbar spine revealed paravertebral muscle spasm and tenderness as well. He has global weakness in upper and lower extremities. Diagnostic impressions included history of multiple thoracolumbar decompression and fusions; chronic pain syndrome; and status post C4-5 discectomy and fusion. He has been recommended Cymbalta. Prior utilization review dated 07/30/2014 states the request for Cymbalta 60mg 1 tablet daily is not certified as there is no evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg 1 tablet daily: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009 Chronic pain Page(s): pages 15-16, 16-19, 24, 43,63-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG, Treatment Index, 12th Edition (web), 2014, Pain Benzodiazepines

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

Decision rationale: The guidelines recommend Cymbalta for depression, anxiety, diabetic neuropathy, or fibromyalgia. Cymbalta can also be used for neuropathic pain and radiculopathy. The clinical documents state the patient has been on Cymbalta for several months. The documents show that the patient has had significant improvement in pain control, no side effects or aberrant behavior, and improved functioning with his pain regimen. The physician is tapering the opioids at this time. Given the improved functionality and pain control with Cymbalta the request is medically necessary.