

Case Number:	CM14-0150443		
Date Assigned:	09/18/2014	Date of Injury:	07/20/2009
Decision Date:	12/31/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/16/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 is a 46 year old patient with date of injury of 07/20/2009. Medical records indicate the patient is undergoing treatment for sprain/strain of the lumbar spine, bulging disc L4-L5 and L5-S1, an Annular tear at L5-S1, bilateral L5 radiculopathy, adjacent segment disease status post (s/p) L4-S1 fusion in 3/2011, and acute exacerbations low back pain and lumbar radiculopathy, post laminectomy syndrome, reactive myofascial pain, deconditioning, and opioid dependence without misuse; rule out pseudo-arthritis and right foot drop. Subjective complaints include continued and increased pain in her low back pain, rated a 10/10 and described as aching, stabbing, and burning, along with radiating numbness and tingling, down into her right leg, and that everything exacerbates this pain and that medications help to decrease her pain by approximately 30% for 4-5 hours. Objective findings include "right leg is dragging", however the examination findings of the right leg show that when lifted by the physician, "it did not fall flaccid to the bed", and an assessment of resistance against lifting it at the hip, and a resistance of flexion and extension at the ankle were inconsistent with the complaint. Significant change and spinal cord compression were ruled out by MRI, and the analgic gate was assessed to be voluntary due to stated pain and steady; showed limited range of motion in the lumbar spine. Treatment has consisted of consultations, imaging and diagnostic testing, medication management with Norco, Lyrica, Gabapentin then Cymbalta, trigger point injections in the right lumbar paraspinous muscles, nerve blocks, surgery in 3/2011, Physical Therapy (PT), and acupuncture. The utilization review determination was rendered on 8/30/2014 recommending non-certification of a Cymbalta 60mg #30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and Treatments Page(s): 15-16.

Decision rationale: MTUS state regarding antidepressants for pain, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics 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 antidepressant effect takes longer to occur." The treating physician does not indicate failure of first-line agents and does not indicate how a first line agent is ineffective, poorly tolerated, or contraindicated. MTUS states regarding Cymbalta: "Selective serotonin and norepinephrine reuptake inhibitors (SNRIs): Duloxetine (Cymbalta): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. (Dworkin, 2007) No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. (Dworkin, 2007) More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. Side effects: CNS: dizziness, fatigue, somnolence, drowsiness, anxiety (3% vs.2% for placebo), insomnia (8-13% vs. 6-7% for placebo). GI: nausea and vomiting (5-30%), weight loss (2%).....Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks. Withdrawal effects can be severe. Abrupt discontinuation should be avoided and tapering is recommended before discontinuation."The treating physician documents that the patient reports no benefit while using Cymbalta and has increased difficulty in functioning while taking Cymbalta. Medical documentation suggests that Cymbalta is ineffective for this patient. As such, the request for Cymbalta 60mg #30 with 1 refill is not medically necessary.