

Case Number:	CM14-0155069		
Date Assigned:	09/25/2014	Date of Injury:	10/16/1997
Decision Date:	10/27/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/22/2014

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 Physical Medicine and Rehabilitation, 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:

This is a patient with a date of injury of October 16, 1997. A utilization review determination dated September 9, 2014 recommends noncertification of Cymbalta 60 mg and Cymbalta 30 mg. Noncertification is recommended due to lack of documentation of neuropathy or depression. A progress report dated March 11, 2014 identifies subjective complaints of low back pain rated as 3/10. The medications help with about half of her symptoms and allow her to get out of bed, do some walking, and cardio care physical therapy. Objective examination findings identify tenderness to her lower lumbar paravertebral muscles, decreased range of motion on flexion and extension, and negative straight leg raise. Diagnoses include status post lumbar fusion, reactive depression, atrial fibrillation, and healing ulcerations secondary to previous burn from a hot pack. The treatment plan recommends continuing oral medications. The patient is recommended to stop Zanaflex and return to Soma due to side effects. The patient is advised to continue stretching, walking, and physical therapy. A progress report dated April 8, 2014 recommends continuing "oral medications as she was provided refills of her medications to be taken on an as needed basis." No medications are listed. A progress report dated July 8, 2014 indicates that the patient has been maintained on a regimen of morphine, Lyrica, Soma, and Cymbalta. She notes that this has been controlling her pain symptoms by greater than 60% and brought her pain levels down to a 1/10. The patient is experiencing some increased numbness in the left lateral toes but she has not noted any other symptoms. The note indicates that the patient has tried to wean her dose of Soma and morphine with worsening of symptoms, but was encouraged to continue trying to lower the doses of her medications. A urine drug screen report is available for review. Pharmacy records indicate that duloxetine was started in July 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg, #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 395-396, 402, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 50, 61, 159. Decision based on Non-MTUS Citation Chronic Pain Chapter, Antidepressants for Chronic Pain, Venlafaxine (Effexor)

Decision rationale: Regarding the request for Cymbalta, ODG recommends Cymbalta as an option in first-line treatment of neuropathic pain. Cymbalta is a member of the Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders, neuropathic pain, low back pain, and osteoarthritis. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, it appears that the patient has low back pain, depression, and subjective complaints which would be consistent with neuropathic leg pain. Additionally, the requesting physician has identified that the patient's current regimen decreases her pain and improves her function. Furthermore, the requesting physician is attempting to lower the dose of the patient's controlled substance medication. The use of adjunctive pain medication, such as Cymbalta, can be very beneficial in allowing reduction of opiate pain medication. It is acknowledged, that there is a lack of clarity regarding how much the Cymbalta specifically is improving pain and function, and whether it is being prescribed for low back pain, neuropathic pain, depression, or all of those diagnoses. However, the currently requested one month supply should allow the requesting physician time to document the above information to support the ongoing medical necessity of this medication. Therefore, the currently requested Cymbalta is medically necessary.

Cymbalta 30mg, #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 395-396, 402, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 50, 61, 159. Decision based on Non-MTUS Citation Chronic Pain Chapter, Antidepressants for Chronic Pain, Venlafaxine (Effexor)

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