

Case Number:	CM14-0023570		
Date Assigned:	06/11/2014	Date of Injury:	11/26/2002
Decision Date:	07/16/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/25/2014

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 was injured on 11/24/2003. The mechanism of injury is unknown. The patient's medications as 01/14/2014 include Fentanyl patch 50 mcg, Valium 5 mg, Percocet 10/325 mg, Lunesta 3 mg, Paxil 20 mg, and Cymbalta 60 mg. SOAP note dated 01/14/2014 indicates the patient presents with low back pain radiating down into the left lower extremity. She rates her pain as an 8-10/10 and is relieved with medications. Objective findings on exam revealed diffuse tenderness to the lumbar spine on palpation. The primary aggravated factor is noted to be trunk flexion. Left lumbar straight leg raise is positive at 35 degrees with a complaint of left lower extremity pain. Diagnoses are degeneration of lumbar or lumbosacral intervertebral disc; chronic pain syndrome; thoracic or lumbosacral neuritis or radiculitis; lumbago; myalgia and myositis; sacroilitis; lumbar facet joint pain; chronic depression and insomnia due to medical condition. The treatment and plan included conservative treatment measures, chronic pain medication and a request for lumbar epidural steroid injection. The patient has been using Cymbalta since 08/02/2013. A prior utilization review dated 01/29/2014 states the request for Cymbalta is medically necessary and has been modified to Cymbalta 60 mg with 0 refills as the patient's depression will be solely treated with Cymbalta and discontinue Paxil.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYMBALTA 60 MG, #60 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Cymbalta.

Decision rationale: This is a request for Cymbalta for a 58-year-old female with documented chronic pain, lumbar neuritis, and depression. According to MTUS and ODG guidelines, Cymbalta is recommended as an option for first-line treatment of neuropathic pain. It is also FDA-approved for treatment of depression and generalized anxiety disorder. Cymbalta has reportedly been beneficial and appears to be medically necessary for this patient. However, medication refills should depend upon demonstrated efficacy. Medical necessity for 3 refills is not established at this time.