

Case Number:	CM14-0043706		
Date Assigned:	07/02/2014	Date of Injury:	04/01/2005
Decision Date:	08/22/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/10/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 43 year-old individual was reportedly injured on 4/1/2005. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated 3/18/2014, indicates that there are ongoing complaints of low back pain that radiates into the bilateral lower extremities. The physical examination reveals minimal findings include no change in low back and leg pain, left leg goes numb. No recent diagnostic studies are available for review. Previous treatment includes previous surgery, physical therapy, and medications. A request had been made for Cymbalta 60 mg, #30, and was not certified in the pre-authorization process on 3/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 74, 78, 93.

Decision rationale: Cymbalta is an SNRI drug in the same class of medications as effexor. The MTUS recommends the use of tri-cyclic anti-depressants as first line agents. The SNRI drugs are

not recommended for the treatment of chronic pain with the exception of individuals that are concurrently being treated for an additional psychiatric diagnosis. After review the medical documentation provided It is noted the injured worker is pending approval for psychological evaluation. However, at this time there are no objective clinical findings to necessitate the use of this medication or an associate diagnosis. Therefore this request is deemed not medically necessary.