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| Case Number: | CM14-0048360 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 12/31/1996 |
| Decision Date: | 07/18/2014 | UR Denial Date: | 03/11/2014 |
| Priority: | Standard | Application Received: | 03/19/2014 |

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 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:

The patient is a 59 year old female with a date of injury of 12/31/1996. Medical records indicate the patient is undergoing treatment for chronic pain syndrome, joint pain in the lower leg, cervical and lumbosacral spondylosis without myelopathy, cervical and lumbar post laminectomy syndrome, hypertension and obesity. Subjective complaints include severe low back pain radiating to the bilateral extremities as well as severe neck pain radiating to the bilateral upper extremities. She has complaints of increased knee pain with pain rated at 5/10, increased need for medication and decreased functionality. Objective findings include swelling of the left knee, diffuse medial and lateral joint line tenderness of the left knee, decrease bilateral knee range of motion, positive left-sided straight leg raise for lower back and radicular pain, positive lumbar facet loading, restricted lumbar spine extension with pain, difficulty standing on bilateral toes, decreased sensation over the left lateral thigh and calf, and an antalgic gait favoring the right leg. Treatment has consisted of left medial branch blocks at C2, C3, C4 and C5 with no relief; left R1 procedure at L3, L4 and L5. Elavil, Naproxen and Lodine. The utilization review determination was rendered on 03/11/2014 recommending non-certification of: Cymbalta 60mg #30 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYMBALTA 60MG #30 WITH 3 REFILLS: Upheld

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

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

Decision rationale: MTUS states "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". Cymbalta is FDA approved for the treatment of depression and requires continued monitoring for effectiveness per MTUS guidelines. Thus 3 refills would indicate 90 days without additional interim reevaluation. As such the request for Cymbalta 60mg #30 with 3 refills is not medically necessary.