MAXIMUS Federal Services

Case Number:	CM14-0050167		
Date Assigned:	07/07/2014	Date of Injury:	08/16/2010
Decision Date:	08/25/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/17/2014

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 claimant was injured on 08/16/10 when he slipped and fell. Cymbalta delayed release is under review. The claimant has been diagnosed with CRPS type 1 of the right lower extremity and myofascial low back pain. He has chronic pain syndrome with mood and sleep disorder. He has had PT and various medications. He complains of severe low back and right lower extremity pain that has radiated to his ankle. His pain was 4-5/10 with treatment. Norco reportedly decreases pain by 50%. He was in mild distress and depressed with a flat affect. He has also had nonpitting edema in both legs. The claimant saw a chiropractor on 01/28/13 and he had right ankle and foot pain with swelling and discoloration. His pain was constant at 3-8/10. There is no mention of his medications. On 08/13/13, he saw [redacted] and still had right foot and low back pain. The Norco was continued and he was supposed to follow his home exercise program aggressively. He was prescribed Cymbalta and it was not approved according to a note dated 11/21/13. Norco was helpful. On 01/17/14, he saw [redacted] for pain management. His medications included gabapentin and Norco. He reported having 24 sessions of PT and acupuncture but was still symptomatic. On 02/14/14, he saw [redacted], nurse practitioner. He was also on Lidoderm patch at that time. He has been noted to have depression and anxiety. He had muscle atrophy and extremity weakness in the right lower extremity. A bone scan was ordered. He was prescribed Norco and Lidoderm patches. A sympathetic nerve block was recommended. He attended physical therapy. He saw [redacted] on 03/17/14. His medications had been stolen. He reported 50% reduction in his pain symptoms with his current dosage of Norco. The sympathetic ganglion nerve root block, PT, Lidoderm patches, and Norco had been denied. A triple phase bone scan was approved. His medications included Cymbalta and gabapentin, Lidoderm patch, Lyrica, and Norco. His ADL capacity was significantly impaired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg Delayed Release by mouth (PO) one (1) cap for thirty (30) days QTY:30 three (3) refills (4 of 4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and non-epinephrine reuptake inhibitors (SNRIs) Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta,Medications for Chronic Pain Page(s): 77,94.

Decision rationale: The history and documentation do not objectively support the request for Cymbalta 30 mg Delayed Release by mouth 1 cap for 30 days #30 with 3 refills. The MTUS state "Duloxetine Cymbalta) is recommended as a first-line treatment option in neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, with effect found to be significant by the end of week 1 (effect measured as a 30% reduction in baseline pain). The starting dose is 20-60 mg/day, and no advantage has been found by increasing the dose to twice a day, except in fibromyalgia. The medication has been found to be effective for treating fibromyalgia in women with and without depression, 60 mg once or twice daily. (Arnold, 2005) The most frequent side effects include nausea, dizziness and fatigue. GI symptoms are more common early in treatment. The side effect profile of Duloxetine is thought to be less bothersome to patients than that of tricyclic antidepressants." In this case, the claimant has chronic pain, but not diabetic neuropathic pain and he does not have fibromyalgia. He has depression but there is no evidence that this medication was prescribed for depression. In addition, since he began to receive it, no significant change in his condition has been documented. The MTUS also state "before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within one week." None of these steps has been documented and without evidence of objective measurable benefit and functional improvement, the use of Cymbalta in this case has not been shown to be medically necessary.