MAXIMUS Federal Services

Case Number:	CM14-0051398		
Date Assigned:	07/07/2014	Date of Injury:	04/21/2006
Decision Date:	11/12/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/18/2014

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 Internal Medicine and is licensed to practice in New York. 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 is a 62 yo female who sustained an industrial injury on 04/21/2006. The mechanism of injury was that she tripped over an area of raised concrete and fell down injuring her low back, neck, left hip, right knee, and left hand. Her diagnoses include chronic low back pain- status post lumbar fusion x 2, post-laminectomy syndrome, lumbar degenerative disc disease, arachnoiditis, radicular pain, and neuropathic pain. She continues to complain of low back pain with radiation to both legs. On physical exam there is decreased range of lumbar motion. There were no neurologic abnormalities noted. Treatment in addition to surgery has included medical therapy, a trial of a spinal cord stimulator which failed, nerve blocks and insertion of an intrathecal pain pump. She is under the care of a pain management specialist.The treating provider has requested Duloxetine 30mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine 30mg, #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain.

Decision rationale: The documentation indicates the patient has a chronic pain syndrome with radiculopathy and neuropathic pain. Duloxetine is a serotonin-norepinephrine reuptake inhibitor (SNRI). It is prescribed for major depressive disorder and generalized anxiety disorder (GAD). Duloxetine also has approval for use in osteoarthritis and musculoskeletal pain. It can also relieve the symptoms of painful peripheral neuropathy particularly diabetic neuropathy and it is used to control the symptoms of fibromyalgia. Per California MTUS treatment guidelines antidepressants can be used in the treatment of chronic pain especially if there is a neuropathic component. The patient is stable on this medication and per the treating pain management specialist the medication has proved beneficial in the treatment of her chronic pain syndrome. Medical necessity for the requested item has been established. The requested item is medically necessary.