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| Case Number: | CM14-0064155 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 06/05/2012 |
| Decision Date: | 09/15/2014 | UR Denial Date: | 04/07/2014 |
| Priority: | Standard | Application Received: | 05/07/2014 |

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:

This is a 33-year-old male with a date of injury of 6/5/12. The mechanism of injury was not noted. On 2/12/14 he was feeling worse, was on amitriptyline for neuropathic pain, and the treatment plan was to consider Cymbalta on the next visit. On 3/5/14, he was feeling the same and the treatment plan was to start Cymbalta on next visit. On 4/2/14 he is feeling worse and does not know why. His low back pain is sharp and constant. He denies numbness or weakness in the limbs. On exam there was pain to palpation along the lumbar paraspinal muscles with bilateral trigger points palpated. The treatment plan again stated, start Cymbalta on next visit. On 5/7/14, he stated he is feeling better, and started the Cymbalta and noticed less pain. On 6/11/14, he is feeling worse, driving more lately for his job and stated the prolonged sitting caused more pain. The diagnostic impression is lumbar disc bulge, lumbar strain, and L4-S1 spinal stenosis. Treatment to date: acupuncture, home exercise program, medication management. A Utilization Review (UR) decision dated 4/7/14 denied the request for Cymbalta. The Cymbalta was denied because the patient is suffering from lumbar stenosis, and disc bulge, resulting in low back pain with radiation. A trial of Cymbalta was recommended on 3/5/14, and despite the use of this medication, he stated that he is feeling worse. Guidelines do not support the use of Cymbalta for the treatment of lumbar radiculopathy, and there is no evidence that the trial of Cymbalta provided any improvement in pain or function.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYMBALTA 20 MG #30: Upheld

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

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

Decision rationale: CA MTUS states that Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia; is used off-label for neuropathic pain and radiculopathy, and is recommended as a first-line option for diabetic neuropathy. However, the patient denies any numbness or weakness in his limbs. On 3/5/14 and 4/2/14, it was noted the treatment plan was to begin Cymbalta. On 5/7/14 he stated he was feeling better and began Cymbalta, however, on 6/11/14, he is again feeling worse due to sitting and driving. It is unclear at this time if the medication is helping or not. Guidelines support the use of Cymbalta for diabetic neuropathy and fibromyalgia. The patient's diagnosis does not support the use of this medication in this setting. In addition, he has denied numbness and/or weakness in his limbs, which does not support the off-label use of Cymbalta for neuropathic pain and radiculopathy. Therefore, the request for Cymbalta 20mg #30 is not medically necessary and appropriate.