

Case Number:	CM14-0068350		
Date Assigned:	07/14/2014	Date of Injury:	09/22/2005
Decision Date:	09/09/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/13/2014

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, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 has a history of a work injury occurring on 09/22/05 while working as a utility driver when he was in a motor vehicle accident. He sustained an L2 burst fracture and underwent a multilevel lumbar fusion. Treatments have included physical therapy, medications, and participation in a functional restoration program. He continues to be treated with ongoing low back pain radiating into the left lower extremity. He was seen by the requesting provider on 10/30/13 with low back pain and left lower extremity pain. There had been significant benefit with exercise at a gym. He had decreased his Neurontin and Ultram on his own to two times per day. On 12/23/13 he had continued to do well. There were no medication side effects. On 04/15/14 he had decreased the gabapentin dose thinking it was an anti-inflammatory medication and had increased his Relafen dose to three times per day. Pain was rated at 8/10 before medications and 5-6/10 after. He was not having any medication side effects and all medications are referenced as significantly helpful. He was continuing to exercise regularly at a gym which was also helpful. Active medications were Ultracet 37.5/325 two times per day, Neurontin 600 mg two to three times per day, Relafen 750 mg two times per day, Seroquel 25 mg as needed, Cymbalta 30 mg two times per day, lisinopril 12.5 mg per day, and Viagra 50 mg as needed. Physical examination findings are referenced as unchanged from the previous examination. Previous exams document lumbar paraspinal muscle tenderness with a positive left straight leg raise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #120 x 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta (duloxetine) Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs. p18-19 (2) Duloxetine (Cymbalta). p43-44 (3) Gabapentin (Neurontin), p49 (4) Antidepressants for chronic pain. p15-16 Page(s): p18-19 p43-44 p49 (4) p43-44 (3) p15-16.

Decision rationale: The claimant has a remote history of a work-related injury with significant lumbar spine trauma requiring surgery. He continues to be treated for pain, including neuropathic pain. Cymbalta (duloxetine) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia and is used off-label for neuropathic pain and radiculopathy. In this case, the claimant's medications also include gabapentin taken at a sub therapeutic dose. The claimant appears to adjust the dosage of this medication on his own without understanding of its purpose. It is not a medication to treat inflammation. In this case in particular, gabapentin appears to have been effective since when the claimant decreased the dose his symptoms increased. Medications are being well tolerated without adverse side effects that would prevent an adequate trial of the medication which would include dose titrations of greater than 1200 mg per day with an adequate trial consisting of three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. Since the claimant has not had an adequate trial of gabapentin, prescribing Cymbalta was not medically necessary.