

Case Number:	CM14-0075755		
Date Assigned:	07/16/2014	Date of Injury:	06/15/2000
Decision Date:	08/26/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/23/2014

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 Orthopedic Surgery, has a subspecialty in Pediatric Orthopedics, and is licensed to practice in Colorado and Texas. 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 injured worker is a 61-year-old with a reported date of injury of June 15, 2000. The mechanism of injury was due to the repetitive nature of his job duties. His diagnoses are noted to include status post lumbar spine surgery with residual pain and low back pain with radicular symptoms to the lower extremities. His previous treatments were noted to include surgeries, physical therapy, and medications and caudal epidural steroid injection. The progress note dated March 19, 2014 revealed the injured worker complained of pain to the lower back area that radiated to the lower extremities, more on the left side. The injured worker indicated the pain was a sharp pain with an intensity of 5/10 to 7/10. The injured worker reported the pain got worse with activity and he received relief with medication and rest. The injured worker stated that for pain he had been taking Norco 10/325 three times a day as needed, but the relief lasted only five to six hours; however, during that time he was able to function and had better quality of life. The physical examination of the lumbar spine revealed paravertebral muscle spasms and tenderness in the lower lumbar region. The injured worker had a positive straight leg raise and decreased sensation to light touch over the L3-4, L5-S1 dermatomes compared to the right side. The Request for Authorization form was not submitted within the medical records. The request was for Cymbalta 30 mg for 1 week, then 60 mg. However, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg for one week, then 60mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13, 15.

Decision rationale: The injured worker has been utilizing this medication since March of 2014. The California Chronic Pain Medical Treatment Guidelines recommend antidepressants as a first line option for neuropathic pain and as a possibility for nonneuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. The assessment of treatment efficacy should include not only pain outcomes but also an evaluation of function, changes in use of other analgesic medications, sleep quality and duration and psychological assessment. The guidelines state Cymbalta is identified as a selective serotonin norepinephrine reuptake inhibitor approved for anxiety, depression, diabetic neuropathy and fibromyalgia. Cymbalta is used off label for neuropathic pain and radiculopathy. Cymbalta is recommended as a first line option for diabetic neuropathy. However, there is no high quality evidence reported to support the use of Cymbalta for lumbar radiculopathy. There is a lack of documentation regarding the efficacy of this medication and improved functional status. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Cymbalta 30mg for one week, then 60mg is not medically necessary or appropriate.