MAXIMUS Federal Services

Case Number:	CM14-0080097		
Date Assigned:	07/18/2014	Date of Injury:	01/12/2006
Decision Date:	09/23/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/30/2014

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 injured worker is a 58 year old female who was injured on January 11, 2006 while bagging groceries. Her diagnosis was sprain of the lumbar region. The most recent progress note dated 11/7/12, revealed the injured worker was in no undue distress at the time. On examination, she was tender to palpation of the paraspinous muscles, showed loss of motion, tenderness to palpation over the sacroiliac joint and posterior superior iliac spine (PSIS) area. The buttocks region was tender to palpation, but no muscle spasm was noted. Prior treatment included an anterior fusion with interbody graft placement and medications. A prior utilization review determination dated 5/12/14 resulted in denial of Cymbalta 60 milligrams quantity thirty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication , Duloxetine (Cymbalta) Page(s): 15.

Decision rationale: There is no diagnosis listed for which Cymbalta is indicated. According to the Chronic Pain section of the MTUS: Duloxetine (Cymbalta): Food and Drug Administration

(FDA)-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It can be used as off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of Duloxetine for lumbar radiculopathy. More studies are needed to determine the efficacy of Duloxetine for other types of neuropathic pain. Therefore the medical necessity has not been established.