

Case Number:	CM14-0090142		
Date Assigned:	07/23/2014	Date of Injury:	05/15/2013
Decision Date:	08/28/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/16/2014

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 patient is a 38 year-old male with date of injury 05/15/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/1/2014, lists subjective complaints as pain in the low back with radicular symptoms down the left leg. It should be noted that the PR-2 was handwritten and illegible. Objective findings: Examination of the lumbar spine revealed tenderness to palpation, spasms and decreased range of motion. Diagnosis include Lumbosacral strain/sprain and Bilateral lower extremity radiculopathy. The medical records supplied for review do not indicate the patient had been prescribed the following medication before the request for authorization on 04/01/2014. There was no SIG provided for the following Cymbalta 30mg, #7 and Cymbalta 60mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #7: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 14,105.

Decision rationale: Recommended as an option in depressed patients for non-neuropathic pain, but effectiveness is limited. The medical record does not document depression secondary to chronic pain; the patient does have left leg radicular pain. Therefore, the request is not medically necessary.

Cymbalta 60mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 14,105.

Decision rationale: Recommended as an option in depressed patients for non-neuropathic pain, but effectiveness is limited. The medical record does not document depression secondary to chronic pain; the patient does have left leg radicular pain. Therefore, the request is not medically necessary.