

Case Number:	CM14-0126369		
Date Assigned:	09/05/2014	Date of Injury:	05/01/2012
Decision Date:	01/02/2015	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/08/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 32 year old male who sustained an industrial injury on 06/11/12. He was being treated for low back pain with radiculopathy. His prior treatment included TENS, lumbar epidural steroid injection, Neurontin, Lyrica and Norco. Lyrica was discontinued due to side effects. Neurontin and TCAs were discontinued due to ineffectiveness. His EMG revealed L5 radiculopathy and the MRI revealed diffuse disc bulge at L4-L5 level. His diagnoses also included depression and anxiety for which he was undergoing CBT. The clinical note from 08/06/14 was reviewed. Subjective complaints included low back pain radiating into his right lower extremity at 4-9/10. He had tenderness in the middle of the lower lumbar spine with spasms in the paraspinal muscles. There was decreased sensation in the right anterior thigh extending into the knee. Diagnoses included lumbar neuritis, chronic pain syndrome and lumbosacral strain. The request was for Cymbalta 30mg as he had failed to improve with Lyrica, TCAs and Neurontin for his neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Duloxetine Page(s): 43.

Decision rationale: According to MTUS, Chronic Pain Medical Treatment Guidelines, Duloxetine or Cymbalta is recommended as an option in first line treatment option for neuropathic pain. The employee had radiculopathy symptoms with imaging and EDS corroboration. He had failed to improve with Lyrica, Neurontin and TCAs. The request for Cymbalta is medically necessary and appropriate to treat ongoing radiculopathy pain.