

Case Number:	CM14-0159671		
Date Assigned:	10/03/2014	Date of Injury:	09/20/2008
Decision Date:	01/07/2015	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/29/2014

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 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 had her injury on 9/20/08. On 8/11/14 she saw her PCP who noted that she had back and lumbar pain and stiffness. She also had hip pain. It was noted that these pains were chronic since her injury. Heat, massage, and rest improved her symptoms. The pain was noted to be 7-8/10. Also; recent onset of ankle pain was noted and described as 9/10. It was noted that she was also being seen by a pain specialist. Her treatment history included chiropractic care, Norco, Zanaflex, Naprosyn, and Cymbalta. Her diagnoses included chronic lumbosacral pain, with probable radiculopathy into legs, right ankle pain and left hip pain. An MRI was noted to show disc bulging, and facet degeneration. The UR refused to authorize the use of Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60 mg, thirty count with three refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tpiramate Section, page 21, Cymbalta Section, pages 22 - 28, NSAID.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15-16, and 44.

Decision rationale: Cymbalta is noted to be an SNRI antidepressant medication by the MTUS. It is FDA approved for treatment of depression, anxiety, diabetic neuropathy, and fibromyalgia.

It is used off label for other neuropathic pain and radiculopathy. However, it is a first line option for diabetic neuropathy. There is no high quality evidence to use it for lumbar radiculopathy. More studies are needed in order to determine efficacy for treating other types of neuropathic pain. It has been noted to decrease pain in both patients who are depressed and in patients who are not depressed. However, it appears to give greater pain relief in patients with comorbid depression. Its side effects include dizziness, fatigue, somnolence, drowsiness, anxiety, insomnia, nausea, emesis, and weight loss. Also, it has been shown to increase the risk of further liver damage in patients with preexisting liver pathology. Therefore, it should also be used with caution in patients who abuse alcohol. Lastly, it has been noted to worsen diabetic control and can be associated with sexual dysfunction. Cymbalta is dosed at 60 mg daily, off label for chronic pain but is usually dosed from 20 to 60 mg daily. In fibromyalgia patients 60 mg bid may be beneficial. It is generally regarded to have a more benign side effect profile than tricyclic medication. In the above patient we note she has a chronic history and has had multiple treatment modalities including narcotics and NSAID's and muscle relaxant. She also utilizes physical modalities such as heat and massage and has had chiropractic care. She is also being seen by a pain specialist. Cymbalta is used off label for chronic pain and lumbar radiculopathy without strong studies to back it up. However, no side effects or contraindications are noted and in a patient of this complexity such off label use should be deferred to her physicians. Therefore, the UR decision has been overturned and is medically necessary.