

Case Number:	CM14-0190163		
Date Assigned:	11/21/2014	Date of Injury:	05/20/1997
Decision Date:	01/12/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/14/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, chronic pain syndrome, psychological stress, depression, and anxiety reportedly associated with an industrial injury of May 20, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; adjuvant medications; and topical compounds. In a Utilization Review Report dated October 21, 2014, the claims administrator failed to approve a request for Cymbalta, stating that ongoing usage of Cymbalta had failed to prove effective here. The claims administrator endorsed a partial approval for weaning or tapering purposes. The claims administrator stated that its decision was based on a report dated October 9, 2014. The applicant's attorney subsequently appealed. In a separate RFA form dated October 9, 2014, Cymbalta, Colace, magnesium, Lyrica, and Norco were endorsed. In a progress note dated "October 6, 2014" in one section of the note and then later dated "October 6, 2011" in other sections of the note, the applicant reported persistent complaints of low back pain, depression, anxiety, insomnia, and difficulty performing skill activity secondary to pain. The applicant had ancillary complaints of diabetes, myofascial pain syndrome, knee pain, and opioid-induced constipation, it was acknowledged. The applicant was reportedly using Cymbalta for chronic low back pain purposes. The applicant is also using Vicodin, Lyrica, Colace, aspirin, metformin, benazepril, felodipine, oxybutynin, and glipizide, it was acknowledged. The applicant stated that her daughter was helping her perform most activities of daily living and that she was unable to perform activities of daily living basically of laundry, grocery shopping, vacuuming, and meal preparation. Multiple medications were apparently renewed. The applicant's work status was not stated at the bottom of the report, although other sections of the report stated that the applicant

had "increased disability" from visit to visit. The applicant was seeking authorization for medical transportation to drive her to and from physician offices, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) section, Functional Restoration Approach to Chronic Pain Management section.

Decision rationale: The requesting provider stated that duloxetine (Cymbalta) was being employed for lumbar radiculopathy complaints here. While page 15 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Cymbalta (duloxetine) can be employed off label for radiculopathy, the primary issue present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into its choice of recommendation. Here, however, the applicant is off of work. The applicant is having difficulty performing activities of daily living as basic as standing, walking, driving, cooking, vacuuming, grocery shopping, meal preparation, etc., it was suggested on October 6, 2014 progress note at issue. Ongoing usage of duloxetine (Cymbalta) has failed to curtail the applicant's dependence on opioids agents such as Vicodin. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.