

Case Number:	CM14-0191300		
Date Assigned:	11/25/2014	Date of Injury:	07/12/2007
Decision Date:	01/09/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/17/2014

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 Family 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:

This is a 38 year old female patient who sustained a work related injury on 7/12/2007. Patient sustained the injury when she was lifting a trash container at work; she suddenly felt pain in her low back and when she was lifting a heavy pot of cooking oil and she felt a sudden worsening of the low back. The current diagnoses include chronic lumbar pain and dysthymic disorder and major depressive disorder. Per the doctor's note dated 10/29/2014, patient has complaints of pain, weakness and stiffness in the low back. Physical examination of the low back revealed moderate lumbar tenderness to palpation, spasm, and sensory symptoms, decreased range of motion and strength. The patient had psychiatric and insomnia symptoms. Per the note dated 9/17/2014 the patient was overall feeling worse. She complained of lumbar spine pain, stiffness, weakness and numbness. She had sleeping issues, stress, depression, gastrointestinal distress and stress/anxiety/depression. The objective findings revealed lumbar spine tenderness and decreased range of motion and strength. Per the note dated 8/26/2014, the patient had symptoms of depression and had worsening symptoms when off of Cymbalta. The current medication lists include Cymbalta and Vicodin. The patient has had plain radiographs of the lumbar spine dated 09/27/10 that revealed worsening anterolisthesis status post fusion with grade 2 anterolisthesis at L5-S1; CT scan of the lumbar spine on this date revealed L5-S1 severe bilateral neuroforaminal narrowing secondary to grade 2 anterolisthesis and facet joint hypertrophy; status post posterior fusion of L5-S1 and laminectomy of L5; Electrodiagnostic (EMG/NCV) of the bilateral lower extremities dated 08/16/07 that was unremarkable. She had epidural injections without benefit. She underwent low back surgery in 2009, which was not successful and second low back surgery in 2012, which also was not helpful. The patient has received an unspecified number of the PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 20mg #60 with 5 refills: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), serotonin-norepinephrine reuptake inhibitors (SNRIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs): Duloxetine (Cymbalta): FD.

Decision rationale: Cymbalta contains Duloxetine Hydrochloride. As per cited guideline "Duloxetine (Cymbalta): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy." According to the Thompson Micromedex FDA labeled indication for Cymbalta includes Diabetic peripheral neuropathy - Pain, Fibromyalgia, Generalized anxiety disorder, Major depressive disorder and Musculoskeletal pain, Chronic. The current diagnoses include chronic lumbar pain and dysthymic disorder and major depressive disorder. Per the doctor's note dated 10/29/2014, patient has complaints of pain, weakness and stiffness in the low back. Physical examination of the low back revealed moderate lumbar tenderness to palpation, spasm, and sensory symptoms, decreased range of motion and strength. The patient had psychiatric and insomnia symptoms. Per the note dated 9/17/2014 the patient was overall feeling worse. She complained of lumbar spine pain, stiffness, weakness and numbness. She had sleeping issues, stress, depression, gastrointestinal distress and stress/anxiety/depression. The objective findings revealed lumbar spine tenderness and decreased range of motion and strength. Per the note dated 8/26/2014, the patient had symptoms of depression and had worsening symptoms when off of Cymbalta. The patient has had plain radiographs of the lumbar spine dated 09/27/10 that revealed worsening anterolisthesis status post fusion with grade 2 anterolisthesis at L5-S1; CT scan of the lumbar spine on this date revealed L5-S1 severe bilateral neuroforaminal narrowing secondary to grade 2 anterolisthesis and facet joint hypertrophy; status post posterior fusion of L5-S1 and laminectomy of L5. She had epidural injections without benefit. She underwent low back surgery in 2009, which was not successful and second low back surgery in 2012, which also was not helpful. The patient has documented objective evidence of chronic myofascial pain along with evidence of a nerve related / neuropathic component of the pain as well as depression and anxiety. Cymbalta is deemed medically appropriate and necessary in such a patient. Therefore, the Cymbalta 20mg #60 with 5 refills is medically necessary for this patient at this time.