

Case Number:	CM14-0193740		
Date Assigned:	12/01/2014	Date of Injury:	05/13/2011
Decision Date:	01/13/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/19/2014

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 Preventive 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:

According to the records made available for review, this is a 59-year-old female with a 5/13/11 date of injury. At the time (8/26/14) of request for authorization for Duloxetine HCL DR 60 mg, thirty count, there is documentation of subjective (low back, pelvic, and sacral pain) and objective (mood showing anxiety, tenderness over lumbar spine with decreased range of motion) findings, current diagnoses (chronic pain syndrome, lumbar sprain/strain, and lumbago), and treatment to date (medications (including ongoing treatment with Nucynta, Valium, and Duloxetine)). There is no documentation of pain related to diabetic neuropathy; depression, or generalized anxiety disorder; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Duloxetine use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine HCL DR 60 mg, thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44. Decision based on Non-MTUS Citation Other Medical

Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI). In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of depression, generalized anxiety disorder, or pain related to diabetic neuropathy, as criteria necessary to support the medical necessity of Duloxetine (Cymbalta). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, lumbar sprain/strain, and lumbago. However, despite documentation of pain, there is no (clear) documentation of pain related to diabetic neuropathy. In addition, despite documentation of objective (mood showing anxiety) findings, there is no (clear) documentation of depression, or generalized anxiety disorder. Furthermore, given documentation of ongoing treatment with Duloxetine, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Duloxetine use to date. Therefore, based on guidelines and a review of the evidence, the request for Duloxetine HCL DR 60 mg, thirty count is not medically necessary.