

Case Number:	CM14-0193849		
Date Assigned:	12/01/2014	Date of Injury:	01/29/2008
Decision Date:	01/23/2015	UR Denial Date:	11/03/2014
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 Physical Medicine Rehab, has a subspecialty in Neuromuscular 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 injured worker is a 55-year-old male who sustained an injury on 1/29/2008, while he was pulling a fuel hose and the hose stopped short, pulling him back. Diagnoses include cervical spondylosis without myelopathy, chronic low back pain, and left shoulder pain. Treatments have consisted of medications. Diagnostic studies have included magnetic resonance imaging (MRI) 04/2011 and 02/2012. The injured worker underwent disc replacement surgery at C5-6 and C6-7 in 03/2012 and has had a previous cervical fusion at C5-6 in 08/2010. The most recent primary treating physician progress report dated 10/21/2014 the evaluating physician documents the injured worker with continued complaint of neck and low back pain, difficulty with walking and losing weight. The injured workers work status was documented as permanent and stationary with lifting restriction to 25 pounds. A request for Cymbalta 60mg #30 with 1 refill was made. On 11/03/2014, a utilization review was performed and determined the request for Cymbalta 60mg #30 with 1 refill to be recommended for modification. According to CA MTUS guidelines for antidepressants, Cymbalta is approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is used for off label for neuropathic pain or radiculopathy. The medical records submitted for review did not provide sufficient evidence of anxiety, depression, diabetic neuropathy, or fibromyalgia. Clear rationale for the use of Cymbalta or documentation regarding pain outcomes, functional improvement, and changes in use of other medications, sleep quality and duration, or a psychological assessment and side effects were not documented for review. Therefore, the request has been recommended for a modification of Cymbalta 60mg #15 with 0 refills to allow for weaning and/or the submission of supporting documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors Page(s): 15-16.

Decision rationale: Cymbalta 60mg #30 with 1 refill is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. There is no high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy and more studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. The documentation is not clear on why Cymbalta is being prescribed. There is no documentation of fibromyalgia, diabetic neuropathy, and depression/anxiety. The documentation does not indicate evidence of functional improvement on prior Cymbalta. Without clear indications of why this medication is being used and efficacy of prior use the request for Cymbalta 60mg is not medically necessary.