

Case Number:	CM14-0193855		
Date Assigned:	12/01/2014	Date of Injury:	03/30/2007
Decision Date:	01/14/2015	UR Denial Date:	10/31/2014
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 and Rehabilitation 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 49 year-old patient sustained an injury on 3/30/2007. The requests under consideration include Cymbalta 60 mg, thirty count and Fentanyl patch 12 mcg/hr 180 count. The diagnoses include lumbar intervertebral disc displacement without myelopathy; and bilateral SI joint dysfunction; lumbar facet syndrome; herniated nucleus pulposus L2-S1; lumbar radiculopathy; and chronic opioid dependency. Conservative care has included medications, therapy, and modified activities/rest. Report dated 8/14/14 from the provider noted the patient with chronic low back pain and lower extremity pain rated at 4-6/10; aching in buttocks radiating down left hamstrings with cramping in the left leg. Exam showed unchanged findings of left extensor hallucis longus and gastrocnemius weakness decreased to 3/5 bilaterally; decreased sensation over L4, L5 dermatomes. The patient had recent left SI injection in November 2013 without relief and continues on medications for treatment plan. Medications include Fentanyl patch, Hydrocodone/APAP, Cymbalta, Trazodone, Tizanidine, Bupropion, Senexon, Probiotic, Spironolactone, Synthroid, Norgestimate, Advil, Claritin, Roloids, MVI, Vitamin D, Flexeril, Mg, and Calcium. The request for Cymbalta 60 mg #30 and Fentanyl patch 12 mcg/hr #180 were non-certified on 10/31/14 citing guidelines criteria and lack of medical necessity.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43-44, 78, and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 15.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, selective serotonin reuptake inhibitors (SSRIs) such as Cymbalta (Duloxetine, a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline), are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain; however, more information is needed regarding the role of SSRIs and pain. Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia; Used off-label for neuropathic pain and radiculopathy; and is recommended as a first-line option for diabetic neuropathy; however, no high quality evidence is reported to support the use of Duloxetine for lumbar disorder and more studies are needed to determine the efficacy of Duloxetine for other types of neuropathic pain. Submitted reports have not adequately shown any previous failed trial of TCA or other first-line medications without specific functional improvement from treatment already rendered and certified previously. The Cymbalta 60 mg #30 is not medically necessary and appropriate.

Fentanyl patch 12 mcg/hr 180 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43-44, 78, and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Fentanyl patch 12 mcg/hr #180 is not medically necessary and appropriate.

