

Case Number:	CM14-0197194		
Date Assigned:	12/05/2014	Date of Injury:	11/24/2008
Decision Date:	01/16/2015	UR Denial Date:	11/15/2014
Priority:	Standard	Application Received:	11/24/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 33-year-old man who sustained a work-related injury on November 24, 2008. Subsequently, the patient developed a chronic back pain. According to a progress report dated on October 16, 2014, the patient was complaining of ongoing back pain and groin pain. The patient physical examination demonstrated lumbar tenderness with reduced range of motion, positive straight leg raise test. An MRI of the lumbar spine performed on March 26, 2014 demonstrated the posterior disc bulging without central stenosis or foraminal narrowing the patient failed several conservative therapies. The provider requested authorization for Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg 1 daily for 7 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 43.

Decision rationale: According to MTUS guidelines, there is no high quality evidence to support the use of Cymbalta for lumbar radiculopathy and radicular pain There is no documentation about the efficacy of the drug for the management of the patient pain. Cymbalta is usually used

for neuropathic pain and there is no clear evidence of neuropathic pain in this case. Therefore Cymbalta 30mg 1 daily for 7 days is not medically necessary.