

<b>Case Number:</b>	CM14-0201501		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	07/05/2000
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 50 year old female with an injury date on 07/05/2000. Based on the 11/12/2014 progress report provided by the treating physician, the diagnosis is:1. Reflex sympathetic dystrophy of the lower limb According to this report, the patient complains of "low back pain and bilateral leg pain in the setting of complex regional pain syndrome." The patient continues to have burning, tingling low back pain and bilateral lower extremity radiculopathy with associated numbness. Without medication, patient's pain is a 9/10 and with medication pain is a 6/10. "Patient had heart burn and depression from medications." Physical exam reveals some tenderness across the lumbosacral area with about 50% restriction of lumbar range of motion. Straight leg raise is positive. Treatment to date includes right knee arthroscopy in 2000 and the patient has "failed all conservative treatments measures." The treatment plan is to recommends spinal cord stimulation trial, refill medication, and discontinue Methadone 10 mg and Dilaudid 4mg. There were no other significant findings noted on this report. The utilization review denied the request for One prescription of Duloxetine hydrochloride 60 mg # 30 with 3 refills on 11/19/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 11/21/2013 to 11/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Duloxetine Hydrochloride 60 mg # 30 with 3 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Selective Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs) Page(s): 16-17.

**Decision rationale:** According to the 11/12/2014 report, this patient presents with burning, tingling low back pain and bilateral lower extremity radiculopathy with associated numbness. The current request is for one prescription of Duloxetine Hydrochloride 60 mg # 30 with 3 refills. This medication was first mentioned in the 11/201/2013 report; it is unknown exactly when the patient initially started taking this medication. For Cymbalta, the MTUS Guidelines page 16 and 17 states, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used for off-label neuropathic pain and radiculopathy. Duloxetine is recommended as a first line option for diabetic neuropathy." Review of the provided reports indicates that the patient has depression and lower extremity neuropathic pain. The treating physician documented "Medications are beneficial" and the patient's "pain is a 9/10 and with medication pain is a 6/10." In this case, given that the patient's neuropathic pain and the treating physician documented the efficacy of the medication as required by the MTUS guidelines. Therefore, the current request is medically necessary.