

Case Number:	CM14-0206150		
Date Assigned:	12/18/2014	Date of Injury:	04/12/2013
Decision Date:	02/12/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/09/2014

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:

The patient is a 38 year old female with date of injury 04/12/13. The treating physician report dated 11/4/14 (50) indicates that the patient presents with pain affecting the low back with radiation into bilateral lower extremities. The patient notes that the pain is worse in her left lower extremity and is accompanied with numbness. The physical examination findings reveal the range of motion of the lumbar spine is limited with flexion to 35 degrees, extension to 15 degrees, lateral bending to 15 degrees, bilaterally, and rotation is 30 degrees bilaterally. Straight leg raise test is positive on the left and sensation is decreased to light touch over the left L4, L5 and S1 dermatomes. Prior treatment history includes a Toradol injection, physical therapy, EMG/nerve conduction studies, acupuncture, MRI of the lumbar spine and prescribed medications. Current medications include Naproxen and Cymbalta. MRI findings reveal a 4.5mm disc protrusion at L4-5 and an annular tear at L4-5 and L5-S1. The current diagnoses are: 1. Low back pain with radicular symptoms to the lower extremities, worse on the left 2. Disc protrusion at L4-53. Annular tear, L4-5 and L5-S1 The utilization review report dated 12/05/14 (7) denied the request for Cymbalta 60 mg based on a 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: 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, 43-44.

Decision rationale: The patient present with pain affecting the low back with radiation into bilateral lower extremities. The current request is for Cymbalta 60mg. The treating physician report dated 11/4/14 (50) states that the patient's pain interferes with her activities of daily living and sleep. The report goes on to state that Cymbalta helps to control her pain but refills were not authorized. Reports provided show that the patient has been taking Cymbalta since at least 08/12/14. MTUS pages 43-44 state that Duloxetine (Cymbalta) "Recommended as an option in first-line treatment option in neuropathic pain." It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy. The treating physician report notes this medication is beneficial at decreasing the patient's pain level but the patient has not had refills authorized and therefore is currently not taking this medication. Furthermore, the patient states that recently the pain and numbness in the lower extremities has worsened. The patient is compliant with medication usage and denies any urinary or bowel dysfunction. There is also no documentation provided that shows the patient has hepatic insufficiency. In this case, the treating physician has prescribed a medication that is a first line option for neuropathic pain and documented efficacy. The request is medically necessary.