

Case Number:	CM14-0208674		
Date Assigned:	12/22/2014	Date of Injury:	01/07/2008
Decision Date:	02/11/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/12/2014

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 Internal Medicine and is licensed to practice in New York. 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 woman with a date of injury of 1/7/08. She was seen by her Primary treating physician on 10/22/14 with complaints of low back pain. She reported that the medications reduce her pain to 5-6/10 and that she had run out of her medications as she was taking more than prescribed due to her pain. Her exam showed normal gait pattern. She had tenderness to deep palpation at L4-5 and posterior, superior iliac spine. Range of motion was restricted in flexion and extension. Straight leg raise was positive bilaterally. Her diagnoses were lumbar degenerative disc disease, lumbar strain and lumbar radiculitis. At issue in this review are the medications: norco and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 10/325mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain Page(s): 13, 15-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 15-16.

Decision rationale: At issue in this review is the prescription of Cymbalta. Per the guidelines, Duloxetine or Cymbalta is FDA approved for anxiety, depression, diabetic neuropathy, and

fibromyalgia. It is used off-label for neuropathic pain and radiculopathy but there is no high quality evidence reported to support the use of duloxetine for lumbar radiculopathy. There is limited documentation of a discussion of efficacy or side effects and there is a concern raised about overuse of her pain medications. Given her diagnosis of lumbar radiculopathy, the records do not support the medical necessity of ongoing use of Cymbalta.

Norco 10/325mg #30 with 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Weaning of Medications Page(s): 91, 76-.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 74-80.

Decision rationale: This injured worker has chronic back pain with an injury sustained in 2008. Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 10/14 fails to document any significant improvement in pain or functional status. There is also a very limited discussion of side effects and there is concern raised with overuse of medications. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of norco is not substantiated in the records.