

Case Number:	CM14-0209419		
Date Assigned:	12/22/2014	Date of Injury:	02/07/2001
Decision Date:	02/11/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/15/2014

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 Rehab, 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 patient sustained an injury on 2/7/2001 while employed by [REDACTED]. Request(s) under consideration include Cymbalta 30mg #60 with 2 refills. Diagnoses include chronic pain syndrome, lumbar radiculopathy s/p laminectomy syndrome. Conservative care has included medications, therapy, and modified activities/rest. Medications list Norco, Pamelor, Zanaflex, Colace, Cymbalta, and Flector Patch. The patient continues to treat for chronic ongoing pain symptoms. Report of 11/11/14 from the provider noted continued low back pain radiating down left leg to the foot and right side down to the knee rated at 5-7/10 with associated numbness. Exam showed lumbar tenderness at spinous processes; restricted range; muscle spasm; and decreased sensation in the left calf into the foot. Treatment included continuing medications. The request(s) for Cymbalta 30mg #60 with 2 refills was non-certified on 11/26/14 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 30mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain Page(s): 13-16.

Decision rationale: This patient sustained an injury on 2/7/2001 while employed by [REDACTED]. Request(s) under consideration include Cymbalta 30mg #60 with 2 refills. Diagnoses include chronic pain syndrome, lumbar radiculopathy s/p laminectomy syndrome. Conservative care has included medications, therapy, and modified activities/rest. Medications list Norco, Pamelor, Zanaflex, Colace, Cymbalta, and Flector Patch. The patient continues to treat for chronic ongoing pain symptoms. Report of 11/11/14 from the provider noted continued low back pain radiating down left leg to the foot and right side down to the knee rated at 5-7/10 with associated numbness. Exam showed lumbar tenderness at spinous processes; restricted range; muscle spasm; and decreased sensation in the left calf into the foot. Treatment included continuing medications. The request(s) for Cymbalta 30mg #60 with 2 refills was non-certified on 11/26/14. MTUS Medical Treatment Guidelines do not recommend Cymbalta, a Selective Serotonin and Norepinephrine Re-uptake Inhibitor (SSRI/SNRIs) without evidence of failed treatment with first-line tricyclics (TCAs) not evident here. Tolerance may develop and rebound insomnia has been found as for this patient who has sleeping complaints. An SSRI/SNRI may be an option in patients with coexisting diagnosis of major depression that is not the case for this chronic injury of 2001 without remarkable acute change or red-flag conditions. Submitted reports from the provider have not adequately documented any failed trial with first-line TCAs nor is there any diagnosis of major depression. The patient has been prescribed the medication without any functional improvement derived from treatment already rendered. The Cymbalta 30mg #60 with 2 refills is not medically necessary and appropriate.