

Case Number:	CM15-0005218		
Date Assigned:	01/16/2015	Date of Injury:	01/09/2014
Decision Date:	03/18/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 37 year old female, who sustained an industrial injury on 08/18/2011. She has reported low back pain. The diagnoses have included lumbosacral sprain/strain; disc protrusion, broad based posterior L4-5; annular fissures-lumbar spine; and bilateral lower extremity radiculopathy. Treatment to date has included medications and physical therapy. Medications have included Naproxen and Cymbalta. A progress report from the treating physician, dated 10/08/2014, documented a follow-up visit with the injured worker. The injured worker reported low back pain with radiculopathy to both legs. Objective findings included tenderness and spasms to the lumbar spine; decreased range of motion of the lumbar spine; and lumbar spine and lumbosacral radiculopathy. The treatment plan has included continuation with medications; and continuation with pain management treatment. On 12/31/2014 Utilization Review non-certified a prescription for Cymbalta 60 mg, quantity unspecified, noting the lack of documentation of the amount of medication the provider wishes to prescribe. The MTUS, Chronic Pain Medical Treatment Guidelines was cited. On 01/09/2015, the injured worker submitted an application for IMR for review of Cymbalta 60 mg, quantity unspecified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

Decision rationale: The patient presents with pain affecting the lower back. The current request is for Cymbalta 60mg. The treating physician states, "In addition, due to chronic back pain, I am prescribing Cymbalta 30 PO daily for seven days, which she is advised to increase to 60mg PO daily after that first week." (28B) The MTUS guidelines support the usage of Cymbalta for anxiety, depression, diabetic neuropathy, and fibromyalgia. In this case, the treating physician's current request is for an unknown quantity and duration of usage thus rendering the prescription invalid. The current request is not medically necessary and the recommendation is for denial.