MAXIMUS Federal Services

Case Number:	CM15-0100524		
Date Assigned:	06/03/2015	Date of Injury:	07/02/2010
Decision Date:	07/09/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/26/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 56 year old female, who sustained an industrial injury on 7/2/10. She reported pain in her neck, shoulders, elbows, knees and left hip related to continuous trauma. The injured worker was diagnosed as having lumbar spondylosis, cervical radiculopathy, post lumbar laminectomy syndrome and chronic pain. Treatment to date has included physical therapy, acupuncture, a TENs unit, a lumbar radiofrequency ablation with 90% relief for almost 1 year and epidural injections. Current medications include Percocet, Robaxin, Cymbalta and Celebrex. As of the PR2 dated 4/7/15, the injured worker reports chronic neck and low back pain with left lower extremity numbness and weakness. She rates her pain 4/10 at best and 10/10 at worst. Objective findings include tenderness to palpation at L3-L4 paraspinals and facets and decreased sensation in the cervical and lumbar spine. The treating physician requested Cymbalta 30mg #30 x 3 refills and Cymbalta 60mg #30 x 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 capsules of Cymbalta 30mg with 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Cymbalta.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Cymbalta 30 mg #30 with 3 refills is not medically necessary. Cymbalta is recommended as an option in first-line treatment of neuropathic pain. Is FDA approved for treatment of depression, generalized anxiety disorder, and treatment of diabetic neuropathy. The effect is found to be significant by the end of week one. In this case, the injured worker's working diagnoses are lumbar spondylosis; cervical radiculopathy; post laminectomy syndrome lumbar region; and chronic pain syndrome. The date of injury is July 2, 2010. The request for authorization is dated April 20, 2015. The most recent progress note in the medical record is dated April 7, 2015. There are no progress notes prior to April 7, 2015. The documentation indicates the injured worker is taking Cymbalta 30 mg and Cymbalta 60 mg. There is no clinical indication/rationale in the medical record indicating the injured worker should be taking 2 preparations of Cymbalta simultaneously. The guidelines state the starting dose is 20 - 60 mg per day and there is no advantage found by increasing the dose to twice daily. There is no clinical indication or rationale for the dual use of two Cymbalta medications (exceeding 60 mg) taken concurrently. There is no history of anxiety or depression. Additionally, there is no documentation evidencing objective functional improvement (with two dose preparations) of Cymbalta. Consequently, absent clinical documentation of anxiety and/or depression and a clinical indication and/or rationale for taking Cymbalta 30mg concurrently with Cymbalta 60mg, Cymbalta 30 mg #30 with 3 refills is not medically necessary.

30 capsules of Cymbalta 60mg with 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Cymbalta.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Cymbalta 60 mg #30 with 3 refills is not medically necessary. Cymbalta is recommended as an option in first-line treatment of neuropathic pain. Is FDA approved for treatment of depression, generalized anxiety disorder, and treatment of diabetic neuropathy. The effect is found to be significant by the end of week one. In this case, the injured worker's working diagnoses are lumbar spondylosis; cervical radiculopathy; post laminectomy syndrome lumbar region; and chronic pain syndrome. The date of injury is July 2, 2010. The request for authorization is dated April 20, 2015. The most recent progress note in the medical record is dated April 7, 2015. There are no progress notes prior to April 7, 2015. The documentation indicates the injured worker is taking Cymbalta 30 mg and Cymbalta 60 mg. There is no clinical indication/rationale in the medical record indicating the injured worker should be taking 2 preparations of Cymbalta simultaneously. The guidelines state the starting dose is 20 - 60 mg per

day and there is no advantage found by increasing the dose to twice daily. There is no clinical indication or rationale for the dual use of two Cymbalta medications (exceeding 60 mg) taken concurrently. There is no history of anxiety or depression. Additionally, there is no documentation evidencing objective functional improvement (with two dose preparations) of Cymbalta. Consequently, absent clinical documentation of anxiety and/or depression and a clinical indication and/or rationale for taking Cymbalta 60mg concurrently with Cymbalta 30mg, Cymbalta 60 mg #30 with 3 refills is not medically necessary.