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| Case Number: | CM15-0100851 | | |
| Date Assigned: | 06/03/2015 | Date of Injury: | 05/25/2000 |
| Decision Date: | 07/02/2015 | UR Denial Date: | 04/22/2015 |
| 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
 Certification(s)/Specialty: Emergency 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 61-year-old female who sustained a work related injury May 25, 2000. Past history included bilateral carpal tunnel release. According to a physician's progress report, dated April 6, 2015, the injured worker presented with complaints of neck, mid back, and low back pain. She reports achy neck pain, rated 9/10, which radiates into her head (headaches) and to the left side of her face. There is radiation of pain and tingling down the bilateral upper extremities to the hands. The low back pain is rated, 8-9/10 described as achy and tingling with radiation down the bilateral lower extremities to the feet. Current medication includes Effexor, Lyrica, Prilosec, and Senna, with improved function and activity levels, including walking 20-30 minutes. Objective findings included; mildly antalgic gait, diffuse tenderness to palpation of the cervical spine, palpation tenderness in the mid cervical facet regions bilaterally, decreased flexion to 40 degrees, decreased extension with pain to 15 degrees and pain with facet loading bilaterally. The lumbar spine revealed diffuse tenderness to palpation decreased flexion to 30 degrees and extension to 5 degrees, straight leg raise is positive bilaterally at 70 degrees with pain to the feet. Diagnoses are cervical pain/strain with possible radiculopathy; bilateral carpal tunnel syndrome; left shoulder subacromial bursitis; cervicogenic versus neurogenic headaches; chronic mid and low back pain; cervical facet arthropathy. At issue, is the request for Duloxetine DR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine DR (delayed release) 30mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta), Pregabalin (Lyrica), Antiepilepsy drugs (AEDs) Page(s): 43-44, 99, 16- 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation ODG: Pain: Duloxetine (Cymbalta®).

Decision rationale: Duloxetine (Cymbalta) is a selective serotonin reuptake inhibitor (SNRI) with efficacy in neuropathic pain. As per MTUS Chronic pain guidelines, SNRIs have little evidence in the treatment of radiculopathy or chronic low back pains. Provider documents that this was being prescribed for "whole body pain". Provider claims that it is supposedly better for "whole body pain", however this claim is not supported by MTUS guidelines or Official Disability Guidelines. ODG states that it has been shown to be effective in fibromyalgia but the provider has failed to provide such a diagnosis. This is not an indication for prescription. Cymbalta is not medically necessary.