

Case Number:	CM15-0108435		
Date Assigned:	06/15/2015	Date of Injury:	06/22/1986
Decision Date:	07/14/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/05/2015

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: 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 71 year old male, who sustained an industrial injury on June 22, 1986. The mechanism of injury was not provided. The injured worker has been treated for low back complaints. The diagnoses have included chronic intractable low back pain, post-laminectomy syndrome lumbar region and lumbar radiculopathy. Treatment to date has included medications, radiological studies, MRI of the lumbar spine, physical therapy and multiple failed lumbar spine surgeries. Current documentation dated May 26, 2015 notes that the injured worker reported low back pain with radiation to the left lower extremity. The pain was rated a three out of ten on the visual analogue scale with medications. Associated symptoms included weakness and numbness. The treating physician's plan of care included a request for a lumbar medial branch block to lumbar four-five and lumbar five-sacral one facet joints on the left side and the medication Cymbalta 20 mg # 150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Medial Branch Block L4-5, L5-S1 Facet joints on left side: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar Facet Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12- Low Back Disorders, Physical Methods, Facet Injections, page 300. Decision based on Non-MTUS Citation ODG, Low Back, Facet Joint Diagnostic Blocks (therapeutic injections), pages 412-418.

Decision rationale: Per ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time no more than one therapeutic intra-articular block is suggested and with positive significant relief for duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Additionally, facet blocks are not recommended in patients who may exhibit radicular symptoms as in this injured worker with leg pain complaints and diagnosis of lumbar radiculopathy. Additionally, facet blocks are not recommended without defined imaging correlation, over 2 joint levels concurrently (L4, L5, S1), or at previous surgical fusion sites as in this case. Submitted reports have not demonstrated support outside guidelines criteria. The Lumbar Medial Branch Block L4-5, L5-S1 Facet joints on left side are not medically necessary and appropriate.

Cymbalta 20mg quantity 150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants, Page 15.

Decision rationale: Per MTUS Chronic Treatment Pain Guidelines, selective serotonin reuptake inhibitors (SSRIs) such as Cymbalta (Duloxetine, a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline), are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain; however, more information is needed regarding the role of SSRIs and pain. Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia; Used off-label for neuropathic pain and radiculopathy; and is recommended as a first-line option for diabetic neuropathy; however, no high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy and more studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. There is no mention of previous failed trial of TCA or other first-line medications and without specific improvement in clinical findings, medical necessity has not been established for this chronic injury of 1986. The Cymbalta 20mg quantity 150 is not medically necessary and appropriate.