

Case Number:	CM15-0130280		
Date Assigned:	07/16/2015	Date of Injury:	07/29/2000
Decision Date:	08/20/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/07/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 55 year old male, who sustained an industrial injury on July 29, 2000. The injured worker reported sustaining a fall when he went to sit on a chair that broke upon impact causing the injured worker to fall back onto his head and back with immediate low back pain. The injured worker was diagnosed as having lumbar facet arthropathy, lumbar myofascial strain, lumbago, lumbar stenosis, and lumbar radiculitis. Treatment and diagnostic studies to date has included magnetic resonance imaging of the lumbar spine, electromyogram with nerve conduction velocity, use of a single point cane, transforaminal epidural steroid injection to the right lumbar five and sacral one levels, chiropractic therapy, acupuncture, and use of a transcutaneous electrical nerve stimulation unit. In a progress note dated May 05, 2015 the treating physician reports complaints of increased pain to the right side of his low back along with aching, stabbing pain to the left side of his low back. The injured worker also noted complaints of numbness that radiates from the back to the right leg along with pins and needles to the right side of the low back. Examination reveals decreased range of motion to the lumbar spine, but with noted moderate improvement and positive right lumbar facet loading. The injured worker's current medication regimen included Naproxen Sodium, Nortriptyline HCl, and Soma with the treating physician noting the discontinuation of the Naproxen and Nortriptyline HCl due to the lack of relief from these medications. The injured worker's current pain level was rated a 10 out of 10 with an average of a 9 out of 10, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of injured

worker's current medication regimen. The treating physician requested Duloxetine DR 30mg with a quantity of 30, but the documentation did not indicate the specific reason for the requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine DR 30mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain Page(s): 13.

Decision rationale: Per MTUS CPMTG with regard to the use of antidepressants for chronic pain: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment." I respectfully disagree with the UR physician, the documentation submitted for review does contain findings consistent with neuropathic pain. Per the guidelines, the use of this medication is not limited to peripheral neuropathy. It is noted that the injured worker complains of numbness that radiates from the back to the right leg along with pins and needles to the right side of the low back. The treating physician prescribed this medication to replace nortriptyline as it did not work as a TCA anti-depressant for neuropathic pain. The request is medically necessary.