

Case Number:	CM15-0138790		
Date Assigned:	07/28/2015	Date of Injury:	04/06/2002
Decision Date:	09/01/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/17/2015

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:

This 62 year old male sustained an industrial injury to the low back on 4/6/02. The injured worker underwent five lumbar surgeries. The injured worker was status post spinal cord stimulator placement. Recent treatment consisted of medication management and home exercise. Documentation did not disclose recent magnetic resonance imaging. In a visit note dated 6/22/15, the injured worker complained of occasional flare ups of pain where it was very difficult to get up and walk around the house. The injured worker reported reduction of pain with the use of Fentanyl and Oxycodone from 10/10 on the visual analog scale to 7/10. The injured worker reported that without medications he would not be able to do any activities. Medications allowed him to be independent with self-care tasks, walk his dog and do home exercise. Current diagnoses included long-term use of medications, lumbar disc degenerative disc disease, lumbar post laminectomy syndrome, sciatica and anxiety. The treatment plan included requesting authorization for medications (Fentanyl, Oxycodone, Protonix, Cymbalta, Gabapentin and Orphenadrine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine HCL 20mg quantity: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain; Duloxetine Page(s): 15-16; 43-44.

Decision rationale: The request is for duloxetine, a selective serotonin and norepinephrine reuptake inhibitor that is primarily used for treatment of depression and anxiety, but is also approved for treatment of diabetic neuropathy, fibromyalgia, and peripheral neuropathy. It is recommended as a first-line treatment option in neuropathic pain. The beneficial effect found to be significant by the end of week 1 (effect measured as a 30% reduction in baseline pain). The starting dose is 20-60 mg/day, and no advantage has been found by increasing the dose to twice a day, except in fibromyalgia. The medication has been found to be effective for treating fibromyalgia in women with and without depression, 60 mg once or twice daily. The most frequent side effects include nausea, dizziness and fatigue. GI symptoms are more common early in treatment. The side effect profile of duloxetine is thought to be less bothersome to patients than that of tricyclic antidepressants. Post marketing reports of hepatic injury (including hepatitis and cholestatic jaundice) suggest that patients with preexisting liver disease who take duloxetine may have an increased risk for further liver damage. The new labeling extends the precaution against using duloxetine in patients with substantial alcohol use to include those patients with chronic liver disease. It is recommended that duloxetine not be administered to patients with hepatic insufficiency. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. Withdrawal effects can be severe. Abrupt discontinuation should be avoided and tapering is recommended before discontinuation. The recommended dosage is 60 mg once a day as an off-label option for chronic pain syndromes. Per records available for review, the injured worker is prescribed both 20mg and 60mg tablets of duloxetine for a total daily dose of 80mg. This exceeds the recommendations of the MTUS for off-label use. Furthermore, there is no documentation of a clear functional improvement and return to work that would justify exceeding the recommendations of the MTUS. Therefore, the request is not supported by the MTUS, and is not medically necessary.