

<b>Case Number:</b>	CM15-0141534		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	07/12/2013
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 31 year old male, who sustained an industrial injury on July 12, 2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having status post micro-lumbar decompressive surgery on the left at lumbar five to sacral one, lumbar radiculopathy, lumbar facet arthropathy, and lumbar disc herniations with neural foraminal narrowing. Treatment and diagnostic studies to date has included physical therapy, above noted procedure, physical therapy, magnetic resonance imaging of the lumbar spine, home exercise program, and use of a lumbar corset. In a progress note dated June 05, 2015 the treating physician reports complaints of aching, stabbing low back pain with radiating pain to the left leg. The injured worker also had associated symptoms of spasms to the low back and numbness to the left leg. Examination reveals an antalgic gait, pain with lumbar facet loading, decreased range of motion to the lumbar spine, hyperesthesias to the left lumbar four dermatome, and pain with straight leg raises bilaterally. The injured worker's medication regimen included Norco, Advil, Flexeril, and Cymbalta. The injured worker's current pain level was rated a 5 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 the injured worker's medication regimen. The progress note indicated that the injured worker's medication regimen decreased the pain level by 50%. The treating physician requested Duloxetine DR (Cymbalta) 30mg with a quantity of 30, noting current use of this 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 Antidepressants for chronic pain Page(s): 13.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta), p43-44 Page(s): 43-44.

**Decision rationale:** The claimant sustained a work-related injury in July 2013 and is being treated for radiating low back pain into the left lower extremity after lumbar surgery. When seen, there had been improvement in strength, range of motion, and walking tolerance after physical therapy. Medications are referenced as decreasing pain by 50% with improve activity tolerance. Physical examination findings included a mildly antalgic gait. Lumbar facet loading was positive with decreased extension. There was positive left straight leg raising with decreased lower extremity strength and sensation. Cymbalta was continued for neuropathic pain. Cymbalta (Duloxetine) can be recommended as an option in first-line treatment of neuropathic pain. The maximum dose is 120 mg per day. The requested dose is consistent with that recommended and the claimant has neuropathic pain after spinal surgery and was medically necessary.