

Case Number:	CM15-0142411		
Date Assigned:	08/03/2015	Date of Injury:	08/27/2013
Decision Date:	08/31/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/22/2015

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 56 year old male, who sustained an industrial injury on August 27, 2013. The injured worker was diagnosed as having thoracic-lumbosacral neuritis-radiculitis. Treatment to date has included physical therapy, home exercise program (HEP), injections and medication. A progress note dated June 24, 2015 provides the injured worker complains of back pain rated 7 out of 10. He reports decreased range of motion (ROM) and low back tenderness with decreased function. He also reports bilateral foot and ankle pain. He rates the pain on the right as 7 out of 10 and the left as 3 out of 10. He reports home exercise program (HEP), physical therapy, trigger point injections, ice and medication have failed to help. Physical exam notes lumbar and lumbosacral tenderness to palpation and trigger points. There is lumbar paraspinal spasm and a slow deliberate gait. The plan includes shockwave therapy, physical therapy, acupuncture, podiatrist consultation, Duloxetine, naproxen sodium and cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine 30mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16.

Decision rationale: The requested Duloxetine 30mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-16, note that Cymbalta is "FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy." The injured worker has back pain rated 7 out of 10. He reports decreased range of motion (ROM) and low back tenderness with decreased function. He also reports bilateral foot and ankle pain. He rates the pain on the right as 7 out of 10 and the left as 3 out of 10. He reports home exercise program (HEP), physical therapy, trigger point injections, ice and medication have failed to help. Physical exam notes lumbar and lumbosacral tenderness to palpation and trigger points. There is lumbar paraspinal spasm and a slow deliberate gait. The treating physician has not documented the medical necessity for the use of this anti-depressant as an outlier to referenced guideline negative recommendations, nor failed trials of recommended anti-depressant medication, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Duloxetine 30mg #60 is not medically necessary.