

Case Number:	CM15-0161249		
Date Assigned:	08/28/2015	Date of Injury:	08/14/2013
Decision Date:	10/09/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/18/2015

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 21 year old female, who sustained an industrial injury on 08-14-2013. The injured worker is currently not working. Current diagnoses include chronic low back pain. Treatment and diagnostics to date has included physical therapy, home exercise program, and medications. Current medications include Lidoderm, Cymbalta, and Gabapentin. In a progress note dated 07-29-2015, the injured worker reported burning pain in her back which she rated an 8 out of 10 on the pain scale and right foot and leg pain rated a 6-8 out of 10. The injured worker noted that the Lidoderm and Gabapentin have been helpful and the Cymbalta has helped raise her spirits. Objective findings included positive straight leg raise test on the right and tenderness to palpation to the right knee. The treating physician reported requesting authorization for a trial increase in Cymbalta stating the medication has improved mood and may be decreasing some of the background neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Duloxetine (Cymbalta).

Decision rationale: The patient presents with low back pain. The request is for Cymbalta 60MG #60. Physical examination to the lumbar spine on 08/31/15 revealed tenderness to palpation over the entire low back. Straight leg raise test was positive at 65 degrees on the right. Per Request For Authorization form dated 08/04/15, patient's diagnosis includes low back pain Patient's medications, per 07/29/15 progress report include Lidoderm Patch, Cymbalta and Gabapentin. Patient's work status is modified duties. Regarding Duloxetine (Cymbalta), the MTUS guidelines pages 16-17, Anti-depressants for Chronic pain section, states, "Duloxetine (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... Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks." The treater has not addressed this request. The patient continues with low back pain and is diagnosed with low back pain. Review of the medical records provided indicate that Cymbalta was included in patient's prescribed medication from 07/14/15 through 08/31/15. However, the treater has not documented how this medication helps the patient in terms of pain reduction and functional improvements. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Given the lack of documentation, as required by guidelines, the request IS NOT medically necessary.